

Exhibit J

Exhibit 4 to Deposition Transcript of
Mr. Edward Gray Bishop, III

HANDBOOK ON BIRTH REGISTRATION
AND
FETAL DEATH (Stillbirth) REPORTING



Tennessee Department of Health
Policy, Planning and Assessment
Office of Vital Records

EXHIBIT 4
Witness: E.G. Bishop
Date: 5/20/2020
Photographer: Giselle Mitchell-Margerum

**HANDBOOK ON BIRTH REGISTRATION
AND
FETAL DEATH (Stillbirth) REPORTING**

**State of Tennessee
Department of Health
Nashville, Tennessee**

September 2007

PREFACE

This handbook was prepared by the Tennessee Office of Vital Records for reference use by facilities, certified nurse midwives, certified professional midwives, and other midwives as it relates to their duties of completing the Tennessee Certificate of Live Birth and Report of Fetal Death (Stillbirth).

The handbook contains information about the laws, rules, and procedures pertaining to the preparation and registration of the certificates and reports. Policies and procedures of the Tennessee Office of Vital Records are based on the provisions of the Tennessee Vital Records Act of 1977 (Tennessee Code Annotated § 68-3-101 et seq.) and Rules of the Tennessee Department of Health pertaining to Vital Records (Chapter 1200-7-1). In addition, many of the instructions in this handbook are based on information contained in the handbooks provided by the National Center for Health Statistics. When questions arise about a certain subject and a satisfactory answer is not found in this handbook, the Tennessee Office of Vital Records will assist you.

The Windows based Electronic Birth Certificate (WinEBC) is a computer software package available from the Tennessee Office of Vital Records and designed to assist the facilities in capturing the information necessary for the registration of live births. It is not the intention in this handbook to provide information on the normal day to day operation of the WinEBC. A special feature of the handbook is to include WinEBC Tips that have been sent to birth certificate clerks since early 2004. The Tennessee Office of Vital Records has assisted WinEBC birth certificate clerks with messages that relate to certain data items and mechanisms for producing and/or transmitting the electronic birth certificate. Facilities which have the WinEBC system have received other training and reference manuals for electronic birth certificate registration.

Complete and accurate registration is an essential service to the individuals named on the record. In addition, the required reports are an invaluable aid in statistical study and research for planning and evaluating health programs in Tennessee and the nation. The service provided by facilities, certified nurse midwives, certified professional midwives, and other midwives in the preparation of birth certificates and fetal death reports is greatly appreciated.

The facilities, certified nurse midwives, certified professional midwives, and other midwives should refer problems not covered in this handbook for completion of the original birth certificates and fetal deaths to the Tennessee Office of Vital Records. See page v for appropriate staff members and telephone numbers.

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Telephone Numbers and Address for Certain Staff Members

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243
Telephone Number: (615) 741-1763
FAX: (615) 741-9860

Sharon M. Leinbach, State Registrar and Director of Vital Records		(615) 532-2678
Ken Tankersley, Assistant Director of Vital Records		(615) 532-2644
Administrative Issues, Forms	Shirley Clark	(615) 532-2646
Quality Assurance	Rebecca Groves, Manager	(615) 532-2677
Field Representative	Candi Davis	(615) 532-2625
Field Representative	Donna Pitman	(615) 532-2669
Unreported Births	Emily West	(615) 532-2676
Unreported Deaths	Jo Ann Wells	(615) 532-2674
AIRS	Candi Davis	(615) 532-2625
	Donna Pitman	(615) 532-2669
Security Manager	Lynn Gilliam	(615) 532-2622
Registration and Maintenance	Cheryll Sisk, Manager	(615) 532-2656
Amendments and		
Special Registrations	Renee Duncan, Supervisor	(615) 532-2654
Current Registration	Judith Kidd, Supervisor	(615) 532-2672
Delayed Registration	Renee Duncan, Supervisor	(615) 532-2654
EBC (Electronic Birth Certificate)	Karen Anderson, Supervisor	(615) 532-2666

WinEBC Password 1-866-355-6135 Unlock a record
The Toll Free Number 1-800-942-2980 is for information and registration issues.

Do not use 1-800-942-2980 for EBC Passwords.
Do not give the 1-866 and 1-800 numbers to parents or others.

Records Issuance	Kay Alred, Manager	(615) 532-2658
Customer Service	Bernice Middlebrooks, Supervisor	(615) 532-2671
Charge Card Request	Credit Card Telephone No.	(615) 741-0778
	FAX number for charge card requests is (615) 726-2559.	

Ordering of certified copy available at Website: <http://health.state.tn.us/vr/index.htm>

PART I
INTRODUCTION

INTRODUCTION

Purpose

The purpose of this handbook is to provide instructions for the reporting of births and fetal deaths, and to promote better understanding of the reporting forms and of the uses of information entered on them. Because most live births and fetal deaths of 22 weeks or more gestation occur in facilities, the quality of birth registration and fetal death reporting depends heavily on facility personnel.

The facility administrator generally has the overall responsibility for obtaining the personal data, preparing the birth certificate or fetal death report, securing the required signatures, and filing the birth certificate and the fetal death report with the **Tennessee Office of Vital Records** (hereafter, written as **Tennessee OVR**). The physician is generally responsible for completing the medical and health information.

The birth certificate and fetal death report provide medical and health information that is used extensively in research and in planning, and evaluating programs related to maternal and child health.

Importance of Birth Registration

A birth record is a statement of facts concerning an individual. It is a permanent legal record. Throughout life, a person uses his or her birth certificate to prove age, parentage, and citizenship. Birth certificates are needed for entrance to school, voter registration, and for obtaining a driver's license, marriage license, passport, veterans' benefits, public assistance, or social security benefits.

It would be a disservice to society if the birth certificate was used only for legal purposes. Local, state and national vital statistics are compiled on the number and rate of births by characteristics such as place of birth, place of residence of mother, age of mother, plurality, and birth weight. Population composition and growth are estimated using these data. Educational systems and institutions, government agencies, and private industry find this information essential in planning and evaluating programs in public health and other important areas.

The medical and health information on the birth certificate is used to study the conditions that may lead to infant death. This information also helps in establishing programs to address the prevention of infant and early childhood mortality.

Importance of Fetal Death Reporting

The fetal death report is a legally required statistical report. The reports provide valuable health and research data. These data are also essential in planning and evaluating prenatal care services and obstetrical programs and, when used with data on neonatal deaths, provide a composite picture of perinatal outcome.

U.S. Standard Certificates and Reports

Approximately every ten years, the format and content of vital records in the United States are evaluated by a panel of national experts to insure that the requested information continues to reflect current technology and societal attitudes and meet the needs of data users. Tennessee, like all other states, patterns its certificates and reports to conform to the U. S. standard certificates and reports. The last major revision to the Tennessee birth certificate was placed into use on January 1, 2004.

Confidentiality of Vital Records

State and local registrars protect the information on vital records from unwarranted or indiscriminate disclosure. Certified copies of vital records are available only to persons who are authorized access by State law and supporting regulations. Legal safeguards to the confidentiality of vital records have been identified in the Intelligence Bill which was passed by the U. S. Congress and signed into law in December 2004. As required by law, effective February 15, 2005 the Tennessee OVR began requiring proof of identification for those persons who receive certified copies of birth certificates from state and local offices. Physicians and facilities are assured that extensive legal and administrative measures are used to protect individuals and establishments from unauthorized disclosure of medical information.

The format of the birth certificate is designed to further assure confidentiality of information. The upper part of the certificate contains information for the identification of the child, a description of when and where the birth occurred, items relating to the certifier, and items identifying the mother and father. This information is routinely provided in certified copies of the birth record to be used for legal purposes. The lower portion of the birth certificate is designed only for medical and health research uses. Tennessee law does not permit this information to be included on certified copies. The lower portion of the record contains other items of information relating to the mother and father, medical information about the pregnancy, labor and delivery, and medical and health items relating to the mother and child, such as risk factors for the pregnancy, obstetric procedures, characteristics of labor and delivery, method of delivery, abnormal conditions of the newborn, and congenital anomalies of the newborn.

The fetal death report is designed to collect information for statistical and research purposes. The Tennessee vital records law and rules authorize the issuing of certified copies of the fetal death report in certain specific cases. However, the medical information, except for the cause of fetal death section, is blocked before issuance.

PART II

**RESPONSIBILITIES FOR FILING BIRTH CERTIFICATES
AND
FETAL DEATH REPORTS**

RESPONSIBILITIES FOR FILING BIRTH CERTIFICATES AND FETAL DEATH REPORTS

FACILITIES RESPONSIBILITIES

Birth Registration

Definition of 'Live Birth' - The Tennessee Code Annotated (T.C.A.) § 68-3-102(9) defines 'Live Birth' as "... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ..." "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A.

The facility's responsibilities in birth registration are:

- ◆ Secure upon admission and permanently record information relative to each patient as is necessary to prepare a complete and satisfactory birth certificate.
- ◆ The use of two forms, Mother's Worksheet for Child's Birth Certificate (English and Spanish versions) and the Facility Worksheet for Child's Birth Certificate, provided by the Tennessee OVR, is encouraged to insure that all required information is recorded on the original birth certificate. See Appendixes B, C, and D, (pages 124, 126, 128), respectively.
- ◆ It is suggested that the signed Mother's Worksheet be incorporated into the mother's medical chart. The Tennessee OVR may need to request a copy particularly when the parent(s) request an amendment be made to the child's name and/or parent(s) names.

- ◆ The facility is required by law to prepare a birth certificate and file it with the Tennessee OVR within 10 days after the birth occurs. It is the policy in most facilities for the records clerk to complete the birth certificate and secure the signature of the hospital designee or the physician that was in attendance. The procedures for rendering this service are determined by the proper authority in the facility.
- ◆ The facility is required to submit a signed form to the Tennessee OVR which lists the hospital designee(s) name. The Tennessee OVR should be notified when a name is to be added or deleted from the list. The facility may use the form displayed in Appendix Y, page 182.
- ◆ When the birth was medically unattended at a residence or other place and the mother and baby were immediately brought to the facility, it is expected that the facility staff interview the mother and prepare the certificate for the signature of the physician or registered nurse who first saw the newborn.
- ◆ The WinEBC facilities are required to file the monthly institutional report of births with the Tennessee OVR on the third day of the month for events occurring the preceding month. This report lists all live births that occurred during the previous month.

The facility staff should exercise utmost care in listing all births on the monthly report. This report is the only resource available to the Tennessee OVR in its attempt to file the certificate for every birth which occurs in Tennessee.

- ◆ **Special Note regarding reporting of all deliveries that did not result in a live birth: The Report of Fetal Death (Stillbirth) (Appendix P, page 152), must not be entered into the WinEBC.** It is requested that all deliveries that did not result in a live birth be listed on the above mentioned monthly report of births. The responsible person may list the events by handwriting the information concerning the fetal death (stillbirth) at the bottom of the report or on a separate sheet of paper. This request is made as an added check to ensure that all deliveries that did not result in a live birth are reported to the Tennessee OVR. The information should list the mother's name, weight of fetus, and completed weeks of gestation.

Death Registration

When the death of a liveborn occurs in the facility, the parents sometime authorize the hospital to dispose of the body in accordance with standards appropriate for a live birth. With the proper authorization documents signed by the parents, the facility's designated representative is to prepare the Certificate of Death for the physician to complete the medical certification and sign the certificate. The facility files the original death certificate with the local health department.

Fetal Death Reporting

The Report of Fetal Death (Stillbirth) is required for fetal deaths when the weight is 500 grams (approximates 1 lb., 2 oz.) or more regardless of the completed weeks of gestation (T.C.A. § 68-3-504(a)). Regardless of the weight, it is to be first considered when determining if the Report of Fetal Death (Stillbirth) is needed. However, when the weight is not known and the completed weeks of gestation are 22 or more, the Report of Fetal Death (Stillbirth) should be filed.

When the dead fetus is delivered in a facility, the designated representative shall prepare, and file the original Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days alter the delivery.

The Report of Fetal Death (Stillbirth) is mailed directly to the Tennessee OVR. The address is as follows:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

The facility is responsible for listing fetal deaths on the monthly report, Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s (PH-1661, Appendix T, page 172) and filing it with the local registrar on the third day of the month for events occurring the preceding month.

PHYSICIANS RESPONSIBILITIES

Birth Registration

Definition of 'Live Birth' - The T.C.A. § 68-3-102(9) defines 'Live Birth' as "... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ... "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A.

When a birth occurs in a facility or enroute thereto, T.C.A. § 68-3-302 requires the facility's administrator to designate the person(s) to certify (sign) the birth certificate in Item 12. However, the attending physician may receive a completed birth certificate ready for review and signature. The attending physician's responsibility is to complete the certifier/attendant section (Item 12) within 72 hours after birth in order that the facility personnel will be able to electronically transmit the data file and the certificate to the Tennessee OVR within 10 days of the birth.

The medical records staff gathers the information on the certificate from a variety of sources, including facility charts, medical records of infant and mother, the physician's own records, and the mother.

Fetal Death Reporting

The physician is responsible for knowing when he or she is required to report a fetal death. The weight of the fetus is used in determining if a fetal death report must be filed. If the fetus was not weighed, the completed weeks must be 22 or more.

The Report of Fetal Death (Stillbirth) is required for fetal deaths when the weight is 500 grams (approximates 1 lb., 2 oz) or more regardless of the completed weeks of gestation (T.C.A. § 68-3-504(a)). When the weight is not known and the completed weeks of gestation are 22 or more, the Report of Fetal Death (Stillbirth) should be filed.

When the dead fetus is delivered in a facility, the person in charge of the facility or the designated representative shall prepare and file the Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after delivery.

When the dead fetus is delivered outside of a facility, and immediately brought to the facility, the county medical examiner must be notified. An autopsy may be required to determine whether the fetus could have been liveborn. The physician or medical examiner in attendance at or immediately after delivery shall prepare and file the Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after delivery.

The Report of Fetal Death (Stillbirth) is mailed directly to the Tennessee OVR. The address is as follows:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

CERTIFIED NURSE MIDWIVES, CERTIFIED PROFESSIONAL MIDWIVES, AND OTHER MIDWIVES RESPONSIBILITIES

Birth Registration

Definition of 'Live Birth' - The T.C.A. § 68-3-102(9) defines 'Live Birth' as "... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ..."

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A, page 123.

When a delivery occurs at a residence or other place, the physician, certified nurse midwife, certified professional midwife, other midwife or other birth attendant is responsible for completing the Certificate of Live Birth for each live birth attended.

The birth certificate is filed by the attendant with the Tennessee OVR within 10 days after the birth occurs. The original birth certificate must not be given to the parents for purposes of their completing and filing it.

Fetal Death Reporting

When a certified nurse midwife, certified professional midwife, other midwife or other birth attendant attends a fetal death at a residence or other place, it is necessary that she/he immediately contact the medical examiner of the county in order that the medical examiner may investigate the facts concerning the delivery.

If the delivery was made by a physician, he/she may file the Report of Fetal Death (Stillbirth) based on the medical examiner's findings. Otherwise, the county medical examiner should be responsible for filing the Report of Fetal Death (Stillbirth).

The physician or medical examiner in attendance at or immediately after delivery shall prepare, and file the Report of Fetal Death (Stillbirth) with the Tennessee OVR within 10 days after delivery.

The Report of Fetal Death (Stillbirth) is mailed directly to the Tennessee OVR. The address is as follows:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, TN 37243

PART III

**GENERAL INSTRUCTIONS FOR COMPLETING BIRTH CERTIFICATES
AND
FETAL DEATH REPORTS**

GENERAL INSTRUCTIONS FOR COMPLETING BIRTH CERTIFICATES AND FETAL DEATH REPORTS

The data necessary for preparation of the original birth certificate and fetal death report are obtained from the following:

- ◆ Mother and/or father for birth certificate and fetal death report
- ◆ Mother's and child's attending physician
- ◆ Facility or physician records

It is strongly recommended that the Tennessee OVR worksheets be used to obtain the information for completing the birth certificate. The development and use of the Mother's Worksheet and Facility Worksheet are discussed in Appendixes B, C, and D (pages 124, 126, 128). Appendix C is the Spanish version of the Mother's Worksheet.

It is strongly recommended that the Tennessee OVR's Mother's Worksheet along with the facility's medical chart be used for obtaining information for the fetal death report.

The mother and/or father should sign the mother's worksheet to indicate that the information is correct.

Facilities and physicians are urged to use the Facility Worksheet to obtain the prenatal history and medical information. The actual birth certificate or fetal death report can then be completed from the worksheets.

When a birth or fetal death occurs outside of a facility, the person preparing the birth certificate or fetal death report will find it necessary to obtain information from the parent(s) for the items that are personal and not medical in character, such as residence, age of parents, and education. This may be done by the physician, midwife, nurse, or other person in attendance at the delivery.

It is essential that birth certificates be prepared as permanent legal records. Fetal death reports are required legal documents and are valuable health and research documents. The following general rules should be followed for the preparation of the original documents:

- ◆ Use the current Certificate of Live Birth form designated by the Tennessee OVR. Refer to the lower left corner of the form for the revision date. As of the time of publication of this handbook, the revision date must be "Rev. 1/04" or later.
- ◆ Use the current Report of Fetal Death (Stillbirth) form designated by the Tennessee OVR. Refer to the lower left corner of the form for the revision date of 9/06.
- ◆ Photocopies of a birth certificate or fetal death report are not acceptable. Only original forms for birth certificates or fetal death reports provided by the Tennessee OVR are acceptable.

- ◆ Complete each item following the specific instructions for the particular item that are contained in this handbook and/or the WinEBC instruction manual.
- ◆ The information entered on the birth certificate should be entered electronically using the Tennessee OVR WinEBC software or typewritten. Certificates prepared with worn typewriter ribbons or colored typewriter ribbons will not be accepted for filing. A new certificate will be requested.
- ◆ When it is absolutely necessary to handwrite the entries on the birth certificate or the fetal death report, the entries must be printed legibly in unfading black or blue-black ink.
- ◆ A birth certificate will not be accepted if it contains alterations, white outs, strike throughs, or erasures. If an error is made in the preparation of the certificate, it should be discarded and another certificate completed.
- ◆ **Exception:** For non-WinEBC users, a single strike-through, a single erasure, or single white out may be permissible when it appears in an item in the 'Information for Medical and Health Use Only' section of the birth certificate (Items 15-62). The similar instruction is applicable when completing the Report of Fetal Death (Items 11-27 only).
- ◆ A birth certificate will not be accepted if the certifier's signature is omitted, typewritten, preprinted, rubber stamped, or written in pencil. Electronic signatures are not acceptable. The power of signature cannot be delegated.
- ◆ Do not use green, red, and other colors of ink to complete and/or sign birth certificates or complete the fetal death forms. Use black ink or blue/black ink only.
- ◆ Avoid abbreviations except those recommended in the specific item instructions.
- ◆ The facilities which do not use the Electronic Birth Certificate (WinEBC) should file the original birth certificate with the Tennessee OVR. The address is on page v.
- ◆ The facilities which use the WinEBC system must file the original certificate with the Tennessee OVR. The address is on page v.
- ◆ Where to order forms? Blank forms of the current Certificate of Live Birth, Report of Fetal Death (Stillbirth), Mother's Worksheet, Facility Worksheet, and other forms displayed in this handbook may be ordered using the TN OVR address at the top of page v. If preferred, the request may be submitted by fax to (615) 741-9860. The order request should specify the title of form, the PH number in lower corner of form, and the quantity of forms needed. There is no charge for the forms.

- ◆ **Special note regarding passport needs:** If the parents of a newborn indicate a certified copy of the birth certificate is needed for a passport, the facility personnel or birth attendant should prepare the birth certificate as soon as possible and send it to the Tennessee OVR. In these rare incidences it is permissible for the parent to deliver the original birth certificate to the Tennessee OVR in order to quickly expedite the request for certified copy. Call the Birth Registration Supervisor at 615-532-2666 or the Birth Registration Assistant at 615-532-2670 to bring awareness about the urgency of the certified copy.
- ◆ **Mother's Copy** – When the birth occurs outside a facility and the attendant prepares the certificate, there will be no 'Mother's Copy' to give to the mother. It is imperative that the birth certificate be filed in accordance with the 10 days time period specified by law because the mother will be needing a certified copy. When the Tennessee OVR receives the original certificate, the Tennessee OVR will electronically produce and mail the "Mother's Copy" to the mailing address listed on the certificate.
- ◆ File the original fetal death report with the Tennessee OVR. The address is on page v.
- ◆ Monthly report forms and fetal death report forms prepared using software approved by the Tennessee OVR are acceptable.
- ◆ **Notarized Affidavit for Use by WinEBC Facilities:** When a notarized affidavit is required to document the surname of child, and file with the birth certificate, the statement may be printed from the WinEBC program.

Special Note: Since early 2004, Tennessee OVR has assisted WinEBC birth certificate clerks by sending e-mail messages entitled ~~ WinEBC Tips ~~. These tips are reproduced in the following section of this handbook. They relate to certain data items and mechanisms for producing and/or transmitting the electronic birth certificate. The birth certificate clerk should immediately read future emails that will provide updates and tips addressing errors that occur on incoming birth certificates. Tennessee OVR recommends that birth certificate clerks add future 'Tips' to this handbook.

- ◆ ~~ **WinEBC Tip** ~~ Registered Hospital Designees: Birth certificate clerks who are not properly registered as hospital designees with the Tennessee OVR must not sign birth certificates. It is required that all names of hospital designees be on file with the Tennessee OVR. The Tennessee OVR should be notified when a name is to be added or deleted from the list. When the certifier designation needs to be revised, words such as "I have designated the following staff person(s) to certify the Tennessee birth certificate that are prepared in this facility." This information should be faxed to 615-741-9860. The facility may use the form displayed in Appendix Y, page182.

- ◆ ~ ~ **WinEBC Tip** ~ ~ Letter size paper: Submit the original birth certificate on letter size paper (8 1/2 x 11). Do not use legal paper. In addition, be sure the quality of the original certificate is acceptable for filing (i.e., no streaks, no smudges, no holes in document, not printed off line).
- ◆ ~ ~ **WinEBC Tip** ~ ~ Send the electronic files the same day the hard copies of the birth certificates are mailed. Send all original certificates that are listed on the batch sheet. Accounting for original certificates that were not in the stack of documents causes unnecessary delay in registering the certificate. **NOTE:** If a certificate has not been signed by the attendant/certifier, do not download that certificate in the batch.
- ◆ ~ ~ **WinEBC Tip** ~ ~ When downloading a batch of records, always send the electronic file as soon as the batch is created.
- ◆ ~ ~ **WinEBC Tip** ~ ~ Software Vendor Contact: If necessary to contact Genesis (software vendor), use the Customer Service number **717-909-8500**.
- ◆ ~ ~ **WinEBC Tip** ~ ~ New 866 Telephone Number: Some of you have advised Tennessee OVR that it can be difficult to reach us by telephone when you need a password. For that reason, we have set up a special unit, which will have the exclusive missions to provide passwords to facility personnel when they need to unlock a birth record and assist local health departments when they need to reconcile a certificate for issuance.

The toll free number that you should call to access the password service is 866-355-6135. The number will be answered from 8:00 AM to 4:30 PM Monday through Friday. For facilities, this number will only provide passwords. For other calls, please continue to use 800-942-2980. **Do not give the toll free numbers to the public.**

- ◆ ~ ~ **WinEBC Tip** ~ ~ Backups and Emergency Procedure: The Data folder contains the database *ebc.mdb*. The Export folder contains all birth records that have been batched for upload to Tennessee OVR. Both of these folders need to be backed up frequently and regularly. Should a crash or file corruption occur, any records that have not been uploaded to Tennessee OVR must be re-keyed.

For WinEBC emergencies, immediately contact the Tennessee OVR personnel at the telephone number in the following order: Birth Registration Supervisor at 615-532-2666 or Birth Registration Assistant at 615-532-2670. If one or both of these personnel is not available at the time of the call, the facility will be directed to Genesis (software vendor) for technical assistance. The Genesis telephone number is 717-909-8500.

- ◆ ~~~ **WinEBC Tip** ~~~ Resolving Outstanding Birth Certificates: The goal should always be to keep the list of unresolved birth certificates as empty as possible, and this should be done quickly. To obtain a current list of unresolved certificates for your facility, click the 'Reports' button from WinEBC's main menu, and then select 'Unresolved Certificate Listing.' This will display a list of all birth certificates that have not been submitted to the Tennessee OVR.

Also, an unresolved birth record list is printed at the bottom of the Batch Submission Listing that is created each time a DOH file is generated. All valid certificates should be resolved as quickly as possible. These are certificates that are incomplete or simply have not been final printed. Any duplicate records should be removed from the list by keying the information of a new birth record over each of them only if that record has not been final printed.

- ◆ ~~~ **WinEBC Tip** ~~~ Important Notice regarding duplicate birth certificates: If the birth certificate clerk needs to make changes to a birth certificate that has been downloaded to the Tennessee OVR, do not call for a password to unlock the record. The correct procedure is to send a notarized affidavit and copy of the signed worksheet to the Amendment Unit at the address on page v. Any duplicate certificates received in the Tennessee OVR will be returned to the facility.
- ◆ ~~~ **WinEBC Tip** ~~~ Refrain from putting extra spaces in the child's name when keying.
- ◆ ~~~ **WinEBC Tip** ~~~ Biological Father: If the certified court order directs the facility to not add the husband's name, however it does not provide the name of the biological father, the Voluntary Acknowledgment of Paternity (VAOP) may be used to add the biological father.
- ◆ ~~~ **WinEBC Tip** ~~~ DNA statement: It is not the responsibility of the facility personnel to make sure the DNA statement is in the judge's directive in the court order. The paternity court order should be followed whether or not he/she has stated that the DNA evidence was used in making the decision.
- ◆ ~~~ **WinEBC Tip** ~~~ Voluntary Acknowledgment of Paternity: The birth certificate clerk is not required to gather data about either parent's employment or insurance in Sections II and III of the VAOP. Collection of this particular information is optional.

- ♦ **~~ WinEBC Tip ~~ VAOP Clarification:** This tip clarifies Tennessee OVR and Office of Child Support policy regarding VAOPs. It addresses questions that several facilities have asked about rescissions and the conditions under which facility personnel may waive the video requirement.

Rescissions: Facilities have reported situations in which the parents sign a VAOP then one parent changes his/her mind before the birth certificate is completed. They ask if they may tear up the VAOP or administer a rescission. In reply to the question, facility personnel must keep the father's name on the birth certificate and send the completed VAOP to the Tennessee OVR with the birth certificate. The parents who wish to rescind should be referred to the nearest child support office, the county health department or the Tennessee OVR. Facility personnel may not destroy a legal VAOP or administer a rescission of paternity acknowledgment.

Conditions Under Which the Facility May Waive the Video Requirement: Facilities have asked if both parents must always watch the video. In reply to the question, when facility personnel are administering the VAOP and notarizing both signatures, it is implied that both parents are present. Therefore, both parents must watch the video. However, if the father is hospitalized, incarcerated or in a similar extreme circumstance, the completed VAOP may be given to the family to take to him for his notarized signature. The VAOP must be sent with a brochure and the hot line telephone number, and the courier should be told to point out the Section 4, "rights and responsibilities" to the father. The mother must be told that the birth certificate will be filed without the father's information if the VAOP is not returned within 10 days of the child's birth.

- ♦ **~~ WinEBC Tip ~~ Matching Names for VAOP :** Tennessee OVR routinely receives parents' signatures on the VAOP that do not match the names on the child's birth certificate or the VAOP. When the signatures of the parents vary from the names on the birth certificate, or the name on the VAOP, the Tennessee OVR is requesting the notary public to indicate next to the name, in parenthesis, that this is the legally acceptable signature of the parent. The signature on the VAOP should always match the name provided on the identification document provided by the parent.

- ◆ **~~ WinEBC Tip ~~ Writing Special Statement on VAOP:** This email tip and request later followed the above tip concerning 'Matching Names for VAOP.' Too many VAOPs are oftentimes signed by parents with a name that is a little different than the name that is printed on the birth certificate and/or on the VAOP. This is acceptable if the parents sign the VAOP with the same signature that appears on their identification (ID) cards, and if the notary public makes a special statement. Three examples follow:
 1. If the typed VAOP and birth certificate show the mother's name as Jane Elaine Wilson Jones and Mother's signature on her ID card reads Jane E. W. Jones and the mother signs like the signature on her ID card, **then** the notary public writes the following special statement on the notary public section of the VAOP: "**The mother's signature is the legally acceptable signature according to her ID card.**"
 2. If the typed VAOP and birth certificate show the father's name as John Henry Jones and the father's signature on his ID card is stylized (scribbly) and not easy to read and the father signs like the stylized signature on his ID card, **then** the notary public writes the following special statement on the notary section of the VAOP: "**The father's signature is the legally acceptable signature according to his ID card.**"
 3. If the typed VAOP and birth certificate show the father's name as Jorge Armando Salvador Hernandez and father's signature on his ID card reads Jorge A. Salvador and the father signs like the signature on his ID card, **then** the notary public writes the following special statement on the notary public section of the VAOP: "**The father's signature is the legally accepted signature according to his ID card.**"

Note: Many VAOPs show the parent's signature as different from the typed certificate and/or VAOP, or so stylized that the Tennessee OVR cannot determine if it was the parent's legal signature without the special notary public's statement mentioned in the above Nos. 1, 2, and 3. Be sure that this special notary public statement appears written on the actual VAOP form. The statement must not be written on an attachment or sticky note and put with the VAOP form. If the above procedure is not followed, the original VAOP form will be returned to the birth certificate clerk as a reject until corrected.

- ◆ ~ **WinEBC Tip** ~ Mother's Residence Street and Number: If the only given address is a PO Box Number, do not enter the number only (i.e., 213). To correctly enter an address if the only given address is a PO Box ###, place a question mark (?) in the Street Number text field. In the Street Name text field, enter "PO Box ###." Furthermore, when the mailing address is a PO Box, place a check mark in the box next to "Check if P.O. Box."
- ◆ ~ **WinEBC Tip** ~ Duplicate Attendant/Certifier Entries: Genesis (software vendor) identified a problem that introduced problems with the proper execution of the WinEBC program. The cause of this problem is due to an attendant's name being entered more than once into the Attendant Table. Each time an attendant is entered into the table, an ID number is assigned in the database to that attendant. If entered more than once an attendant will have multiple identifying numbers. This results in improper registration of births to attendants and other behind-the-scene problems.

To help prevent this problem from occurring, carefully scroll down the attendant list when assigning an attendant/certifier to a birth record. Doing so will prevent entering an attendant again when he or she is already in the list. Multiple listings have come about for many reasons, some of which are: 1) Entering variations of the name of an attendant, i.e., "Debra" and Deborah," 2) Using all lower case in the first listing, then a mixture of upper and lower case, or all upper case in subsequent listings, 3) Realizing an entry is misspelled then making a new entry with the proper spelling.

- ◆ ~ **WinEBC Tip** ~ Correcting Duplicate Attendant/Certifier Entries: There is no function available to delete duplicate entries. Do not try to type over an entry to correct it. Typing over an entry to edit it could result in birth certificates being incorrectly assigned to the wrong attendant. Incorrect assignments have also been linked to accidentally clicking on an attendant's name immediately above or below the correct attendant's name in the drop down list.

To remove a duplicate entry from the drop down list, the duplicate name must be hidden. If the birth certificate clerk needs assistance in performing this function, call 615-532-2666 or 615-532-2670.

- ◆ ~ **WinEBC Tip** ~ Must not give Mother's Copy to Third Party Requestor: It has come to the attention of the Tennessee OVR that some facilities may be issuing the Mother's Copy to a third party requestor. The third party requestor may have indicated that the Tennessee OVR approved the facilities' practice of having the mother sign an authorization form in order for the facility to release the Mother's Copy. The Tennessee OVR has never approved this process.

- ◆ ~**WinEBC Tip** ~ Facility Name Not Automatically Displaying: Screen 6
Some birth clerks have reported a problem with the facility name and information not filling in automatically when the Born Here? option is answered 'Yes.' To work around this problem they have answered 'No' for the Born Here? option and keyed in the facility name and information. This works, but is only a temporary solution. The problem needs to be fixed by calling the Genesis Technical Support Hot Line and following their instructions. Their number is 717-909-8500.
- ◆ ~**WinEBC Tip** ~ Two Fields on Birth Data Frequently Not Completed: The fields are: 1) Date Last Normal Menses Began, and 2) Date of First Prenatal Care Visit. Often, the Tennessee OVR gets the month and year but the day is left blank. All facilities are asked to use the following procedure:

Best Practice: Obtain the information from the patient's records or outpatient physician.

Alternate Practice: When records are not available, obtain the information from the mother. When the mother remembers only month and year, record that information, then: 1) Ask if menses or prenatal visit was near the first, middle, or last of the month. 2) Depending upon the mother's reply, record as day 7, 15, or 24 of the month.

In reviewing the birth data, it appears that some facilities may be leaving the date blank when an actual date cannot be established. The use of days 7, 15, and 24 should establish a more realistic view of the pregnancy history.

- ◆ ~**WinEBC Tip** ~ All Technical Support for WinEBC: For problems with WinEBC, call Karen Anderson at 615-532-2666. If there are upload problems, first make sure there is Internet website access by logging on to MSN.com and see if available. If there is access, call Ms. Anderson. If no Internet access, call the hospital IS department.

When receiving a new computer or there is a new employee with a new computer, and WinEBC needs to be installed, the hospital IS department should be made aware. Afterwards, look at the latest CD update sent from Genesis. The CD update has a manual that explains how to install WinEBC. If the IS department has problems, a call should be placed to Genesis for technical assistance (717-909-8500).

- ◆ ~**WinEBC Tip** ~ Titles must not be used in Parent(s) Names Fields: Titles such as M.D., Ph.D, etc. must not be entered in the fields for the mother's and father's names. The WinEBC system provides the Suffix field for their generational identifiers. Parent(s) titles and generational identifiers will not be printed on the computer generated certified short form birth certificate.

PART IV
CERTIFICATE OF LIVE BIRTH
INSTRUCTIONS FOR COMPLETING

CERTIFICATE OF LIVE BIRTH - INSTRUCTIONS FOR COMPLETING

These instructions pertain to the January 2004 revision of the Tennessee Certificate of Live Birth. The current form is shown in Appendix E.

T.C.A. § 68-3-302 requires that a birth certificate be filed within ten (10) days after the birth occurs.

The original birth certificates should be mailed to the Tennessee OVR one or more times a week or within 10 days of the birth. When certificates are filed in a timely manner, the parents' or guardians' needs are met without unnecessary delay.

Definition of 'Live Birth' - The T.C.A. § 68-3-102(9) defines 'Live Birth' as "... the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of the pregnancy, that, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps; ..." "

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of 'Live Birth.' The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

The Certificate of Live Birth must be prepared for any birth that meets the definition as listed in the above first paragraph. Please be aware that if life is established this means "irrespective of the duration of the pregnancy." Life is not determined based upon the weight of the child. The definition of 'live birth' as listed above also appears in Appendix A.

UPPER PORTION OF THE BIRTH CERTIFICATE (Items 1-14)

The upper portion of the Certificate of Live Birth (Items 1-14) contains information required for identification of the individual and description of where and when the birth occurred. These are the items that are furnished when a person requests a certified long form copy of the birth certificate.

Upper right and left areas of the form - The upper right and left blank areas of the birth certificate are reserved for the state file number and official use in the Tennessee OVR. Do not enter information in these spaces such as medical records numbers, date received in physician's office, etc.

When correctly completed and submitted for filing, the original birth certificate is a permanent legal document. The Rules of the Department of Health Section 1200-7-1-.01 governing the Tennessee OVR require all items to be completed on the birth certificate.

ABOUT THE CHILD (Items 1-7)

Item 1. CHILD'S NAME (First, Middle, Last, Suffix)

Type or print the child's first, middle, and last names, and suffix. Do not abbreviate names. I.O. (initials only) or NMN (no middle name) should not be entered.

Enter the full name of the child exactly as given by the parent(s) on the signed worksheet. It is acceptable for the child's first name and/or middle name and suffix to be different from the father's name(s) and suffix.

Entries of Jr., Sr., II, etc. following the child's last name are acceptable whether or not the child's name is the same as the father's name. Although these entries are most commonly used for males, they may be used for a female if the parents desire such.

Refrain from putting extra spaces in the child's name when keying.

If the parents do not have a given name selected for the child, leave the given name and middle name blank. Never enter statements such as 'Baby girl' or 'Infant boy,' or 'Baby A,' or 'Baby B.'

Last name of the child must be entered on every birth certificate even when the child was not given first and middle names.

When the Hispanic parents give two surnames for the child, exercise care in correctly entering the surnames. If the first surname is mistakenly typed in the middle space on the certificate, it results in the wrong last name.

The parents may use as many middle names as they want. When the number of characters exceed the space provided in item 1, call the Tennessee OVR for advice in handling the entries.

If the child is to be adopted and mother does not desire to name the child, the adopting agency or attorney may give the facility a name to be entered on the certificate with the child's surname the same as mother's legal surname. The facility should not arbitrarily assign the child's name. All information pertaining to the natural mother must be entered. No information pertaining to the potential adoptive parent(s) should be entered.

The facility must enter the child's surname on the certificate in accordance with the Tennessee Code Annotated (T.C.A) § 68-3-305. See Appendix K for a copy of the law. When the parent(s) question the child's legal surname on the certificate, feel free to give the T.C.A. section number or a copy of Appendix K, page 140, to anyone who may challenge the information concerning the surname of child.

When the parents question the birth certificate clerk's entry of the presumed father's legal name (husband or ex-husband) in Item 11a rather than their desire to have the biological father's name listed, feel free to give the T.C.A. § 36-2-304 (Presumption of parentage). See Appendix L, page 143, for a copy of the law.

Proof of Marriage Not Required

Facilities should not require new parents to provide documentation that they are married in order for the birth certificate to be completed with the father's name and other information. When the Mother's Worksheet is used, and the mother signs, it is sufficient for her to say that she is married to the father. Please do not require proof of marriage (e.g., a copy of the marriage certificate) unless the facility personnel has reason to believe that she is not married to the child's father. These cases should be discussed with the facility legal consultant.

Information Regarding Mother's Marital Status

Listed on the next several pages are Roman Numerals I – XIII which provide situations concerning the mother's marital status that determine the surname of child and the listing of the father's name. The policies and procedures are in accordance with T.C.A. § 68-3-305 and T.C.A. § 36-2-304. See Appendixes K and L (pages 140 and 143) for a copy of the laws.

Please carefully observe the particular mother's situation and complete the original birth certificate in accordance with the policies listed. The birth certificate clerks or any representative of the facilities or any type of midwife should feel free to give the mother and biological father a copy of the law.

I. **Mother is married and her husband is the father.**

This means the mother was:

married when child was conceived, or
married when child was born, or
married anytime between conception and birth, or
married but separated, or
married and applied for divorce, or
married but divorced during the 300 days before birth of child.

POLICY regarding the child's surname is that it may be either:

father's surname, or
mother's current legal name, or
mother's maiden name, or
combination of the above.

Furthermore, this means the child's surname may be the father's surname alone or a combination of the father's surname and the mother's current legal surname or a combination of the father's surname and the mother's maiden name.

No notarized affidavit is required if the child's surname contains the father's surname.

When the child's surname is a combination of the mother's and father's names, either order of the names is acceptable.

A notarized affidavit is required from both parents if the child's surname does not contain the father's surname. In this situation, the child's surname may be the mother's current legal name, or the mother's maiden name, or a combination of the mother's current legal name and the mother's maiden name.

POLICY regarding Deceased Husband: If the child was conceived in wedlock, and delivered within 300 days after the husband died:

- ♦ The name of the mother's deceased husband must be entered as the father of child.
- ♦ The child's surname is the mother's current legal surname.
- ♦ This is in accordance with T.C.A. § 68-3-305(a). See Appendix K, page 140 for a copy of the law.

II. Mother is married and says her husband is not the father.

The mother is considered to be married regardless of whether she is separated from her husband, or mother is in process of getting a divorce, or mother has been divorced less than 300 days before the birth of the child.

This means her husband or ex-husband is presumed to be the legal father of the child (T.C.A. § 36-2-304). Another man cannot be entered on the birth certificate as the father. See Appendix L, page 143, for copy of the law.

The VAOP cannot be used.

A. POLICY regarding father's name: The husband's name or ex-husband's name should be entered on the birth certificate.

POLICY regarding child's surname is that it may be either:
father's surname, or
mother's current legal name, or
mother's maiden name, or
combination of the above.

No notarized affidavit is required if the child's surname is the father's surname.

If the child's surname is not the father's surname, a notarized affidavit signed by both parents (mother and husband/ex-husband) is required and must be submitted with the original birth certificate.

B. POLICY regarding father's name: If the mother refuses to give her husband's name or ex-husband's name, the father's name is entered as **Mother Refused Information Refused**.

Item 19 of the birth certificate is to be entered "Yes" for "Is mother married at birth, conception, or any time between?" No exceptions.

POLICY regarding child's surname is that it must be the mother's current legal name only.

POLICY Regarding Information in Court Order: When the mother gives the birth certificate clerk a certified copy of court order, the ex-husband's name will be listed. When viewing the court order, the birth certificate clerk should not ignore the name of the husband/ex-husband. His name should be entered in Item 11a. No exceptions permitted. The words, 'Mother Refused Information Refused' must not be entered.

POLICY Regarding Use of Double Names: When the father's name is entered as **Mother Refused Information Refused**, and the mother has a double current legal name, the mother's surname cannot be divided for the child's surname. The entire current legal name must be used for the child's surname. It matters not whether the mother is of another culture or United States.

Information regarding certified copies: When the mother requests the \$7.00 certified short form birth certificate, and the entry in the father's name item is 'Mother Refused Information Refused,' the mother's name and the father's name will be blank on the short form. If she orders the \$12.00 certified long form birth certificate, the mother's name and the words, 'Mother Refused Information Refused' which were entered in item 11a (father's name) on the original birth certificate will show on the certified copy.

III. **Mother is not married, was granted a divorce during the 300 days prior to the birth of child, and states her ex-husband is not the father.**

POLICY: Unless there is a court order stating otherwise, the ex-husband of a woman who has been divorced less than 300 days prior to the date of the child's birth is the legal father and his name must be entered on the birth certificate. See copy of T.C.A. § 36-2-304; presumption of parentage in Appendix L, page 143.

POLICY is that the child's surname may be either:

ex-husband's surname, or
mother's current legal name, or
mother's maiden name, or
combination of the above.

- If the mother can provide a certified copy of her divorce decree and it states that her ex-husband is not the father of the child, the ex-husband's name will not be entered on the birth certificate.
- The divorce must be final before the child's birth.
- The divorce decree must specifically mention the unborn child and the estimated date of birth. Otherwise, the ex-husband's name should be entered on the birth certificate.
- It is not the responsibility of the facility personnel to make sure the DNA statement is in the judge's directive court order. The paternity court order should be followed whether or not the judge has stated that the DNA evidence was used in making his/her decision.
- If the divorce decree meets the requirements above, the mother and the biological father can use the VAOP.

- As a reminder, if the court order directs the facility personnel to not add the ex-husband's name, however the court order does not provide the biological father's name, the VAOP may be used to add the biological father's name.
- NOTE: The certified copy of the court order should be submitted with the original birth certificate to the Tennessee OVR.

IV. Mother is not married and does not name the father.

This means the mother is single, or widowed, or divorced more than 300 days before the birth of child.

POLICY is that the child's surname may be either:

mother's current legal surname or

mother's maiden name or

combination of the above.

POLICY: If the mother has a double current legal name or a double maiden name, the entire double current legal name or the entire double maiden name must be used for child's surname. The mother's name cannot be divided. It matters not whether the mother is of another culture or United States.

No other surnames can be used unless the mother has a court order to that effect that is presented to the birth certificate clerk at the time of the birth of child.

V. Recognition of the parents' tradition and/or culture is acceptable.

The definition of a surname is the name borne in common by members of a family and is not necessarily a person's last name in some cultures.

When the Hispanic parents give two surnames for the child, exercise care in correctly entering the surnames. If the first surname is mistakenly typed in the middle name space on the certificate, it results in the wrong last name.

1. **POLICY:** If the child's surname is any part of the father's name (family name) that is listed in item 11a, this is an acceptable request, and no notarized affidavit is required.
2. **POLICY:** If the child's surname is any part of the father's name that is listed in item 11a and any part of the mother's current legal name that is listed in item 8a or any part of the mother's maiden name that is listed in item 8c, this is an acceptable request, and no notarized affidavit is required.

3. **POLICY:** If the child's surname is any part of the mother's current legal name or any part of the mother's maiden name or a combination of these names, this is an acceptable request. A notarized statement by both parents is required.
4. **POLICY:** If the child's surname is in the mother's current legal surname, and her surname slightly varies in spelling from the father's surname, this is an acceptable request. For example, the father's surname is Nazarov, the mother's current legal surname is Nazarova, and the child's surname is Nazarova. A notarized affidavit by both parents is required to explain the child's surname such as "custom in country."
5. **POLICY:** If the child's surname is a half or a portion of the father's first, middle, or surname, this is an acceptable request. For example, the father's first name is Ramanathan and the child's surname is Ram. A notarized affidavit by both parents is required to explain the reason for a half or a portion of the father's name being used for the child's surname such as "custom in country."
6. **POLICY:** If the child's surname is a portion of the father's first, middle, or surname and a portion of the mother's current legal surname, this is an acceptable request. For example, the father's surname is Rahel, the mother's current legal surname is Kubackova, and the child's surname is Rahelova. A notarized affidavit by both parents is required to explain the child's surname such as "custom in country."
7. **POLICY:** If the parents desire to use the feminine or masculine form of the father's surname or mother's surname, this is an acceptable request. Two examples: 1) Kokin is the father's surname. The feminine form is Kokina, and 2) Bukovska is the mother's surname and the masculine form is Bukovsky. A notarized statement of explanation is required from both parents.

VI. Mother is not married and names the father.

This means the mother is single, or widowed, or divorced more than 300 days before the birth of the child.

POLICY: The mother and the biological father may use the VAOP.

POLICY is that the child's surname may be either:

father's surname, **or**
mother's current legal name, **or**
mother's maiden name, **or**
combination of the above.

Power of Attorney: A single mother who has power of attorney for her serviceman who is being deployed during war or is overseas cannot use the power of attorney to complete the VAOP.

Question: Can parents complete a VAOP before the child is born (i.e., when the biological father is in the military and will be out of the country at time of birth)?

Answer: The VAOP cannot be signed before the birth and cannot be signed by anyone other than the mother and father.

When using the VAOP, no additional sworn statement is required.

Special Awareness Concerning a Man Acknowledging as Father:

When the birth certificate clerk or the notary public has reason to believe that the named man is not the biological father, however the couple wants to use the VAOP, do not use the form. An example is when a man says "I am not the father but I want to sign the VAOP." The couple should read the wording on the VAOP form in Section V-Affidavit of Father which says, "I certify and acknowledge that I am the father of the child whose name appears in Section I." The VAOP cannot be used as a mode of adopting a child.

For assistance and additional information, see Part VI beginning on page 86 for Voluntary Acknowledgment of Paternity (VAOP).

VII. **Mother states she was granted a divorce during the 300 days prior to the birth of child and her ex-husband is not the father.**

POLICY: The presumption of parentage (T.C.A. § 36-2-304; see Appendix L, page 143) states that if a mother was married during the 300 days prior to birth, her husband is presumed to be the father of her child. Unless there is a court order stating otherwise, the ex-husband of a woman who has been divorced less than 300 days prior to the date of the child's birth is the legal father of her child and his name must be entered on the birth certificate.

- ❖ If the mother can provide a certified copy of her divorce decree and it states that her ex-husband is not the father of the child, the ex-husband's name will not be entered in item 11a.
- ❖ The divorce must be final before the child's birth.
The divorce decree must specifically mention the unborn child and the estimated date of birth. Otherwise, the ex-husband's name must be entered on the birth certificate.
- ❖ It is not the responsibility of the facility personnel to make sure the DNA statement is in the judge's directive court order. The paternity court order should be followed whether or not the judge has stated that the DNA evidence was used in making his/her decision.
- ❖ If the divorce decree meets the requirements above, the mother and the biological father can use the VAOP.
- ❖ If the VAOP is not used, and the divorce decree does not specify what the child's surname will be, the child's surname is the mother's legal surname at the time of the birth. The mother's maiden name may be used for the child's surname only if her maiden name was restored at the time the divorce was granted.

VIII. **Mother is not married - the biological father is married.**

POLICY: The mother and the biological father may complete the VAOP regardless of the father's marital status.

IX. **Mother is divorced more than 300 days and her ex-husband is the father.**

POLICY: The mother and the biological father (ex-husband) may complete the VAOP.

X. The parents are minors and are not married.

POLICY: The mother and the biological father may complete the VAOP regardless of their ages. However, the parent of the minor mother or father must also sign the VAOP.

According to T.C.A. § 68-3-305(B) (see copy in Appendix K, page 140), the minor's (under age 18) parent or legal guardian must be present and give consent by signing the VAOP at the time of the completion of the VAOP.

Emancipation: If the minor presents the birth certificate clerk with certified court papers declaring freedom (emancipation) from his or her parent(s), the VAOP may be completed without consent of the minor's parent or legal guardian. The certified court order should be mailed with the birth certificate and VAOP to the Tennessee OVR. The address is on page v.

XI. Mother is not married and the named father died before the birth.

POLICY: The VAOP cannot be used.

The child's surname is the mother's current legal surname or the mother's maiden name. The birth certificate clerk cannot add the father's name and his personal information to the birth certificate.

If the mother presents the facility personnel with papers such as a petition to the court or a notarized affidavit, neither document can be used for purposes of listing the deceased's father's name on the birth certificate and VAOP.

The mother can obtain a court order to add the father's name, and change the child's name on the certificate. The birth certificate clerk cannot use the court order. The certified copy of the court order must be sent to the Tennessee OVR.

XII. Mother is not married and she and the biological father plan to complete the VAOP.

When the facility is assisting the parents in filing the VAOP by giving the parents extra time to come back to complete the VAOP, the birth certificate clerk should remember that the original birth certificate and VAOP must be filed with the Tennessee OVR within 10 days after the birth.

If the parents are not able to complete the VAOP within 10 days after the child's birth at the facility, the parents should contact the local health department, local child support office, or the Tennessee OVR to assist them with the VAOP.

The VAOP may be submitted to the Tennessee OVR any time before the child's 19th birthday. No fee is charged if the paternity form is filed before the child's first birthday.

XIII. What should be done if either parent changes his or her about using the VAOP, after the form has been accepted in the facility?

POLICY: If the original birth certificate and the original signed and sealed VAOP are still in the facility, regardless of whether the certifier has signed the birth certificate, both original documents must be sent to Tennessee OVR. The certifier must sign the birth certificate. Do not destroy the signed and sealed VAOP.

Facility personnel should tell the parent who desires to rescind (cancel) the VAOP that he/she must do so within the 60 day period after the last notarized signature on the paternity form.

The parent can go to the local health department, the local child support office or contact the Tennessee OVR for the rescission form.

See Appendix I, page 135, for the Rescission of Voluntary Acknowledgment of Paternity form and the discussion of the form on page 91.

Item 2. SEX

Enter 'male' or 'female.' Do not abbreviate or use other symbols. If sex and name are inconsistent, verify both entries.

If sex cannot be determined after verification with medical records, mother of child, informant, or other sources, enter 'Unknown.'

Purpose of Item: This item aids in identification of the child. It is also used statistically to determine fertility differentials and for making population estimates and projections.

Item 3. DATE OF BIRTH (Mo/ Day/Yr)

Enter the month, day, and four digit year of birth.

Enter the full name of the month; January, February, March, etc. Do not use a number or abbreviation to designate the month.

Pay particular attention to the entry of month, day, or year when the birth occurs around midnight or on December 31. Consider a birth at midnight to have occurred at the end of one day rather than the beginning of the next day. Caution should be exercised during the first few months of a year to use the correct year of event.

If the date of birth is one year or more prior to registration, the parent or other person must submit a request and fee (\$7.00 for short form and \$12.00 for long form) to the Tennessee OVR to determine whether a certificate has been filed. The facility may not prepare a birth certificate after the child's first birthday. Tennessee OVR will work with the parent(s) to establish a "delayed" Certificate of Birth.

Purpose of Item: This item records the date of birth of the individual named on the certificate. It is used to establish age for such purposes as school entrance, obtaining a driver's license, and social security benefits. This information is used in conjunction with date last normal menses began to calculate length of gestation, which is used to study survivorship of low-birth-weight and premature infants. It is also used in conjunction with dates of last live birth and other termination to compute intervals between births and pregnancies.

Item 4. TIME OF BIRTH (24 Hour)

Enter the hour and minute of birth using a 24-hour clock (military time).

In cases of plural births, the exact time that each child was delivered should be recorded as the time of birth for that child.

For Siamese twins, enter the exact time of birth on both certificates. Do not enter the word, 'Simultaneous.'

In case of a medically unattended out of facility birth, enter the mother's best estimate of the time of birth. Otherwise, enter 'unknown' in the space.

Purpose of Item: The item documents the exact time of birth for various legal uses, such as the order of birth in plural deliveries. When the birth occurs around midnight, the exact hour and minute may affect the date of birth. For births occurring at the end of the year, the hour and minute affect not only the day but the year of birth, a factor in establishing dependency for income tax purposes. It is also an item of personal interest to the parents.

PLACE OF BIRTH (Items 5-7)

Items 5-7 provide detailed information about the place of birth. **If the birth did not occur in Tennessee, do not use a Tennessee Certificate of Live Birth to register the birth.**

For those facilities located near the borders of Tennessee, it is especially important to determine the actual State when the baby was born at home and immediately brought to the facility.

If it is determined the baby was born in a State other than Tennessee, and the mother and child were brought to the facility, the facility personnel does not complete the Tennessee Certificate of Live Birth. The facility personnel should inform the mother to go to the county health department in the State where the child was born. Information from the facility's medical records should be given to the mother which will aid that State in documenting and properly registering the child's State of birth.

When a baby is born in a moving conveyance (car, airplane, ambulance, etc.), the place where it is first removed from the conveyance is considered the place of birth.

Purpose of Items: These items identify the place of birth, which is used to determine U.S. citizenship. Information on the place of occurrence, together with information on the place of residence, is used to evaluate the supply and distribution of obstetrical services.

Item 5. **FACILITY NAME** (If not institution, give street and number)

Enter the full name of the facility where the birth occurred.

If the birth occurred on a moving conveyance enroute to or on arrival at a facility, enter the full name of the facility where the child was first removed from the conveyance.

The following are additional instructions for Items 5, 6, 7, 12, and 30 when preparing the birth certificate for a baby that was born on arrival (BOA) at the facility:

Determine if the baby was delivered enroute, that is, was the baby delivered in a vehicle and first removed from the vehicle when they arrived at the hospital?

a) If the answer is yes:

Item 5 should show the name of the hospital as the place of birth, for example: 'Good Health Medical Center.' Items 6, 7, and 29 (place where birth occurred) show the facility information.

The hospital designee may sign the certificate as certifier in Item 12.

Item 30 (attendant's name and title) should be the name and title of the person who actually delivered the baby in the vehicle, for example, the EMT, the father, or the neighbor.

b) If the answer is no:

Item 5 should be the street address of the place where birth occurred, such as 234 Oak Street. This place must be inside the State of Tennessee in order for the Tennessee OVR to accept and file the birth certificate.

Item 29 (Place where birth occurred) should describe the place where birth occurred, such as residence or grocery store.

Items 6 and 7 are the city and county where the birth occurred matching the street address in Item 5.

Item 12 should be the signature of the physician who examined the baby after the baby was brought to the hospital. If no physician examined the baby, then another person in attendance at or immediately after the birth, such as an EMT, RN, or neighbor should sign as certifier. If there was no one else present, the father or the mother may certify the birth and sign in Item 12, as a last priority.

Item 12 should also include the certifier's printed name and title. The hospital designee should not sign the certificate as certifier in Item 12.

Item 30 (attendant's name and title) should be the name and title of the person who actually delivered the baby, for example, the EMT, the father, the neighbor, or the mother herself. If the EMT, father, neighbor, or mother signed in Item 12, re-enter that same name in Item 30.

When the baby is born at home, even if the placenta is delivered at a birthing facility, this event is defined as a home birth. **The facility is responsible for preparing the certificate for proper registration.**

When a birth occurs at home and is immediately brought to the facility following the birth, do not instruct the mother to go to the Tennessee county health department in the county of birth for completing the certificate. The facility, whether WinEBC or non-WinEBC is responsible for preparing the birth certificate for proper registration.

When an emergency delivery occurs within a non-WinEBC facility, the facility is responsible for preparing the birth certificate, obtaining the physician's signature, and filing the original certificate with the Tennessee OVR.

If the birth occurred at home, enter the house number and street name of the place where birth occurred.

The words 'Home,' 'Home Delivery,' or 'None' are not acceptable entries in Item 5 for place of birth. Enter the specific address where the delivery occurred.

If the birth occurred at some place other than those described above, enter the number and street of the location. For example, child was delivered at a welcome center in Tennessee, enter the Interstate Number and Exit Number.

Purpose of Item: The facility name is used for follow-up and query programs in the Tennessee OVR and is of historical value to the parents and child. It is also used to produce statistical data by specific facility.

Item 6. CITY, TOWN, OR LOCATION OF BIRTH

Enter the name of the city, town, or location where the birth occurred.

For births occurring on a moving conveyance, enter the city, town, or location where the child was first removed from the conveyance. This should be the city or town in which the place named in item 5 is located.

See additional instructions and information in Item 5.

Item 7. COUNTY OF BIRTH

Enter the name of the county in Tennessee where the birth occurred.

For births occurring on a moving conveyance, whether in Tennessee or in the United States, enter the Tennessee county where the child was first removed from the conveyance. This should be the county in which the place named in item 5 is located.

See additional instructions and information in Item 5.

ABOUT THE MOTHER (Items 8-10)

Item 8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

Enter the first, middle, and last name of the mother. The middle name may be omitted if the mother so desires. The mother's suffix is appropriate to use in this item.

This is the mother's current legal name at the time of this birth, whatever she considers it to be (i.e., Gayle Sue Smith or Gayle Jones Smith or Gayle J. Smith or Gayle Smith). The facility interviewer or other interviewer should exercise care in securing this name.

Item 8b. MOTHER'S DATE OF BIRTH (Mo/Day/Yr)

Enter the mother's exact date of birth in the following order: month, day, year.

Enter the month (spelled out), day, and four-digit year of birth. Do not use a number or abbreviation to designate the month.

If the mother's date of birth is unknown, then enter "unknown." If part of the date of her birth is unknown, enter the known parts and leave the remaining parts blank.

Purpose of Item: This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing. Studies have shown a relationship between the health of the child and age of the mother. This item is also useful for genealogical research.

Item 8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE
(First, Middle, Last, Suffix)

Enter the last name of the mother as given at birth or adoption, not a name acquired by marriage. **The mother's name prior to first marriage is the same as her maiden name.** The mother's suffix is appropriate to use in this item.

Do not leave maiden surname blank even though it is the same last name as in item 8a. Entries of 'None,' 'Same,' and 'N/A' are not acceptable.

When the mother retained her maiden surname after marriage, no notarized statement from parents is required to inform the Tennessee OVR. The fact that her legal surname in item 8a and maiden surname in item 8c are the same is sufficient.

Purpose of Items: Items 8a and 8c are used for identification and as documentary evidence of parentage. The mother's maiden surname is important because it remains consistent throughout her life, in contrast to other names, which may change because of marriage or divorce.

Item 8d. MOTHER'S BIRTHPLACE (State, Territory, or Foreign Country)

Enter the two-letter abbreviation for the U.S. state or foreign country of birth of mother. See Appendixes M and M2, pages 144-145, for the standard abbreviations. The entire name for this item may be entered. Do not enter the name of the city or town.

Spell out the name of the foreign country or territory when the name does not appear in Appendix M or M2, pages 144-145.

U.S. Territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas.

If no information is available regarding place of birth, enter "Unknown."

Purpose of Item: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories. It is also used with the U.S. Bureau of the Census data to compare the childbearing of women who were born in the United States with that of foreign-born women.

MOTHER'S RESIDENCE (Items 9a-9g)

Tennessee is bordered by eight states. Care should be exercised in interviewing the mother and entering correct state and county names in items 9a and 9b.

These items refer to the mother's residence address, not her postal address.

Do not include post office boxes or rural route numbers.

The mother's residence is the place where the mother actually resides. The state, county, city, and street address should be the place where the mother's house is located.

Do not enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative or friend for the purpose of awaiting the birth of the child is considered temporary and should not be entered here.

Place of residence during a tour of military duty or during attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or facility for the chronically ill, enter the location of the facility as the mother's residence.

Enter all of the address that is known. For example, a homeless woman could only have a city, county and state entered.

Item 9a. RESIDENCE - STATE OR COUNTRY

Enter the name of the state in which the mother lives. The two-letter abbreviation for the state may be used. See Appendix M and M2 for the standard abbreviation. This may differ from the state in the mailing address.

The state named in item 9a must agree with the county in item 9b.

If the mother is not a resident of the U.S., or its territories, or Canada, print the name of the mother's country of residence.

Item 9b. RESIDENCE - COUNTY

Enter the name of the county in which the mother lives (i.e., where mother's household is located).

The county named must agree with the state in item 9a.

If the mother is not a U.S. resident, enter the country as given by the mother. Otherwise, enter Unknown or enter according to the WinEBC instructions.

If the mother resides in a Canadian province or Canadian territory, enter the name of the province or territory. See Appendix M2 for names of Canadian provinces.

Item 9c. RESIDENCE - CITY, TOWN, OR LOCATION

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location in the mailing address.

Item 9d. RESIDENCE - STREET AND NUMBER**Item 9e. RESIDENCE - APT. NO.****Item 9f. RESIDENCE - ZIP CODE**

Enter the street name and number, apartment or room number, and Zip Code of the place where the mother lives.

For the street name, include any prefixes and directions such as South Main Street, Walker Street NW, etc.

Item 9g. RESIDENCE - INSIDE CITY LIMITS? Yes No

Check "Yes" if the location entered in item 9c is incorporated and the mother's residence is inside its boundaries. Otherwise, check "No."

Purpose of Item: Statistics on births are tabulated by place of residence of the mother. This makes it possible to compute birth rates based on the population residing in the area. Data on births by place of residence of the mother are used to prepare population estimates and projections. These data are used in planning for and evaluating community services and facilities, including maternal and child health programs, schools, etc. Private businesses and industries also use these data for estimating demands for services..

Item 10. MOTHER'S MAILING ADDRESS Same as residence, or:

Street and Number	Apt. No	City	State or Country	Zip Code
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If the mother's mailing address is the same as her residence, check the box "Same as residence." If her residence is not the same, enter the mailing address of the mother.

It is important to distinguish between the mother's mailing address and her residence address because each serves a different purpose. They are not substitutes for one another.

The mailing address is used to mail the child's Social Security card if the parent requested such.

~~ WinEBC tip ~~ An accurate mailing address is critical so that parents will receive their newborn's Social Security Number issued through Enumeration at Birth Project (EAB).

In a certain WinEBCTip, the Tennessee OVR called attention to a reporting problem that occurred in the mailing address for the 2004 births. The **~~ WinEBC tip ~~** was written as follows: "A post office box number was keyed, but 'PO Box' was not keyed. To enter an address correctly if the only given address is a PO Box ###, place a question mark in the Street Number text field. In the Street Name text field, enter 'PO Box ###.' When the mailing address is a PO Box, place a check mark in the box next to 'Check if P.O. Box."

When necessary, the mailing address may also be used by the facility personnel to mail the Mother's Copy of the birth certificate to her.

ABOUT THE FATHER (Item 11a-11c)

Item 11a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)

Enter the first, middle, and last name of the father.

Entries of Jr., Sr., II, etc. following the last name are acceptable.

In general, if the child was:

- ◆ born to a mother who was married at the time of birth, conception or at anytime between to the natural father, enter the name of her husband.
- ◆ conceived in wedlock but born less than 300 days after a divorce was granted or after the husband died, enter the name of the mother's divorced or deceased husband. This is in accordance with T.C.A. § 68-3-305(a); see copy of law in Appendix K, page 140.

For further assistance in determining whether to add the father's name, which is based on the mother's marital status, refer to pages 25-34 in this handbook. Also, reference can be made to the hospital training manual that was distributed by the Tennessee Paternity Acknowledgment Program.

If the mother is not married and the VAOP, signed by both parents is submitted at same time as the birth certificate, all personal data pertaining to the father may be shown.

Purpose of Item: This item is used for identification and as documentary evidence of parentage.

Item 11b. FATHER'S DATE OF BIRTH (Mo/Day/Yr)

Enter the father's exact date of birth in the following order: month, day, year.

Print or type the month (spelled out), day, and four-digit year of birth. Do not use a number or abbreviation to designate the month.

If the father's date of birth is unknown, then print 'unknown.' If part of the date of birth is unknown, enter the known parts and leave the remaining parts blank.

Make no entry for father's date of birth if the father's name is not entered in item 11a.

Purpose of Item: This item is used to calculate the age of the father, which is used in the study of childbearing, health, and genealogical research.

Item 11c. FATHER'S BIRTHPLACE (State, Territory, or Foreign Country)

Enter the two-letter abbreviation for the U.S. state or foreign country of birth of father. See Appendixes M and M2 (pages 144-145) for the standard abbreviations. The entire name for this item may be entered. Do not enter the name of the city or town.

Spell out the name of the foreign country or territory when the name does not appear in Appendixes M and M2 (pages 144-145).

U.S. Territories are: Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and Northern Marianas.

If no information is available regarding place of birth, enter 'unknown.'

Make no entry for father's birthplace if the father's name is not entered in item I1a.

Purpose of Item: This item provides information on recent immigrant groups, such as Asian and Pacific Islanders, and is used for tracing family histories.

CERTIFIER'S SIGNATURE AND DATE CERTIFIED (Item 12)

Item 12. CERTIFIER'S SIGNATURE

The individual who signs in Item 12 for a delivery in a facility may be, but need not be, the same as the attendant at birth (Item 30).

When a birth occurs in a facility or enroute thereto, T.C.A. § 68-3-302 requires the facility's administrator to designate the person(s) to certify (sign) the birth certificate in Item 12.

It is required that a signed form which lists the hospital designee(s) name must be on file with the Tennessee OVR. The Tennessee OVR should be notified when a name is to be added or deleted from the list. See Appendix Y, page 182, for a method of informing the Tennessee OVR of the designee's name, or the facility personnel may use the facility's letterhead. In all cases the request must be signed by the supervisor of the birth certificate clerk (i.e., medical records director, labor and delivery manager, etc.).

When a WinEBC facility's staff person signs the certificate and the name is not on the Tennessee OVR designated certifier list for that facility, the certificate must be reprinted. This does not pertain to the physician or certified nurse midwife who actually delivered the child. They may sign any certificate for a child they delivered provided the certificate is filed within 10 days of the birth.

If a registered nurse or chief of obstetrics did not deliver the baby, he/she may sign as certifier in Item 12 whether or not his/her name is on file with the Tennessee OVR.

When the birth occurs outside a facility, and the mother and baby are immediately brought to the facility, the birth certificate shall be prepared by the facility personnel and signed within the required 72 hours. The certificate should be signed by one of the following in the indicated order of priority:

- 1) The physician in attendance at or immediately after the birth, or in the absence of such person;
- 2) Any other person in attendance at or immediately after the birth, or in absence of such person; or
- 3) The father, the mother, or, in the absence of the father and inability of the mother, the person in charge of the premises where the birth occurred.

See additional instructions and information in Item 5 concerning who should sign the certificate for the baby that is born on arrival (BOA) at the facility, or was delivered outside a facility and brought to the facility.

If the certifier mistakenly signs in an item other than 12, the certificate must be re-typed or re-printed.

Rubber stamps, electronic signatures or other facsimile signatures are not permitted. Use black or blue/black ink.

Item 12. CERTIFIER'S DATE SIGNED (Mo/Day/Yr)

Enter the month, day, and year the certifier signed the completed certificate.

It is acceptable for the certifier to handwrite the date in numbers or for the facility staff to enter the date.

See additional instructions and information in Item 5.

Purpose of Item: The certification validates the accuracy of the date, time, and place of birth of the child recorded on the certificate.

Item 12. CERTIFIER'S TITLE AND PRINTED NAME

MD DO Hospital Designee CNM/CM CPM
 Other Midwife Other, Specify _____

Certifier's Printed Name _____

Check the appropriate box to identify the title of the person whose signature appears in Item 12.

See additional instructions and information in Item 5.

MD = doctor of medicine, DO = doctor of osteopathy, CNM/CM = certified nurse midwife, CPM = certified professional midwife. Other midwives should be identified as 'Other Midwife.' If 'Other, Specify' is checked, type or print the title of the certifier on the line provided (i.e., father, mother, RN, LPN, Nurse, EMS technician).

Enter in the 'Certifier's Printed Name' item the name of the individual who certified that the birth occurred.

Purpose of Item: This item provides information about the certifier and indicates the type of person who attended the birth when the certifier is the attendant.

REGISTRAR (Items 13-14)

Item 13. REGISTRAR'S SIGNATURE

When the WinEBC or non-WinEBC original document is received in the Tennessee OVR, the deputy registrar reviews and signs the certificate.

When the birth occurred in WinEBC or non-WinEBC facilities, there is no general authorization for local/deputy registrars in county health departments to sign birth certificates for their relatives or friends. Original birth certificates sent from the facility to the Tennessee OVR are to be signed by one of the deputy registrars in the Tennessee OVR. Note: If the birth certificate clerk is asked permission for the local/deputy registrar in the particular county health department to sign, the birth certificate clerk should call 615-532-2644 or 615-532-2677.

When the birth occurred at home and the birth certificate was filed in the county health department, the local or deputy registrar signs in Item 13 and dates in Item 14, when the certificate is accepted for filing. Use black or blue/black ink to sign/date.

The local or deputy registrar signs certificates only for those home births occurring in his/her jurisdiction (county).

If the certifier inadvertently signed in Item 13 or any item other than Item 12, retype or reprint the certificate.

Purpose of Item: The signature documents the fact that the certificate has been accepted by and filed with the registrar.

Item 14. DATE FILED BY REGISTRAR (Mo/Day/Yr)

This item is completed by the Tennessee OVR deputy registrar or the county's local or deputy registrar when the certificate is filed. Do not use numbers for the month. Spell out or abbreviate the name of the month. A date stamp is acceptable; exercise caution.

Purpose of Item: This item documents whether the certificate was filed within the time period specified by law.

LOWER PORTION OF THE BIRTH CERTIFICATE (Items 15-62)

The lower portion of the Certificate of Live Birth contains information that is used for medical and health studies only. Items 15-62 are excluded from certified copies of the certificate.

Purpose of Items: These data, along with selected items from the upper portion of the certificate, are essential in planning and evaluating a wide range of health activities including various aspects of maternal and child health programs.

Item 15. MOTHER'S MEDICAL RECORD NO.

Enter the mother's medical record number from the Facility Worksheet or the mother's prenatal records or from other medical reports that are in her chart.

Purpose of Item: This item identifies the mother's record and assists in matching with the child's record when date verification is required.

Item 16. CHILD'S MEDICAL RECORD NO.

Enter the child's medical record number from the Facility Worksheet or other source in the facility. A note of information is that the Child's Medical Record No. is also on the Newborn Screening Card (Filter Card).

Purpose of Item: This item identifies the birth record and assists when data verification is required.

Item 17. NEWBORN SCREENING SPECIMEN CONTROL NO.

Enter the newborn screening specimen control number (SCN) (frequently called PKU) which is an alphabetic character followed by 6 digits. The nurse or nursery clerk should provide the number to the birth certificate clerk.

When the SCN needs to be re-processed, generally use the first SCN number because the second number may not be known in the timeframe for processing the certificate.

Purpose of Item: This item is provided so that genetic screening (SCN) may be matched with birth certificate numbers thereby providing public health information about children who need to be followed.

Item 18. FACILITY ID (NPI)

Print the facility's National Provider Identification Number (NPI).

For WinEBC, if the facility has a NPI, the item will automatically complete based on the facility code assigned through the WinEBC.

For home births or births in non-WinEBC facilities, the NPI may be left blank. However, if as a health care provider the attendant has a NPI, the number should be entered.

**Item 19. MOTHER MARRIED AT BIRTH, CONCEPTION, OR ANY TIME
BETWEEN? Yes No**

**IF NO, HAS PATERNITY ACKNOWLEDGMENT FORM BEEN
COMPLETED? Yes No**

POLICY: Regardless of whether the mother is separated from her husband or is in the process of getting a divorce, the mother is considered to be married.

If the mother is married or is in the process of getting a divorce or has been divorced less than 300 days before the birth of the child, her husband/ex-husband is presumed to be the legal father of the child. This is in accordance with the Tennessee Code Annotated § 36-2-304 (see copy in Appendix L, page 143). **Another man cannot be entered on the birth certificate as the father. The VAOP cannot be used.** Refer to pages 25-34 for additional information concerning mother's marital status. A copy of the TCA § 36-2-304 may be given to the parent(s).

Enter 'Yes' if the mother was married at the time of conception, at the time of birth, or at any time between conception and birth.

Enter 'Yes' if the mother has been divorced less than 300 days at the time of the birth. Her ex-husband is the presumed legal father according to T.C.A. § 36-2-304 (presumption of parentage).

Enter 'No' only if the mother is not married. If she has been divorced more than 300 days before the birth of the child, enter "No".

If the 'No' box is checked for mother married, and the VAOP has been signed, check the 'Yes' box for the acknowledgment of paternity. Otherwise check the 'No' box.

Purpose of Item: This information is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. This information allows researchers to measure medical risk factors of out-of-wedlock children and their mothers. These children tend to have lower birth weight and higher infant mortality, and they may be born to mothers with less prenatal care. Because of these differences, unmarried women and their babies are more likely to require additional health services.

This item is also a check to ensure that paternity information is only added in those cases when the mother is married or when an unmarried mother and the child's father have a right to a VAOP.

SOCIAL SECURITY CARD INFORMATION FOR PARENT(S) (Item 20)

The Tennessee Department of Health participates with the Federal Social Security Administration (SSA) in the Enumeration at Birth Project (EAB). The project involves submission of computerized records concerning specific information from the birth certificate to the SSA. The SSA then automatically issues the newborn a Social Security Number (SSN) and mails the social security card directly to the child's parent's address that was entered in Item 10.

Item 20. SOCIAL SECURITY CARD REQUESTED FOR CHILD? Yes No

Check 'Yes' or 'No' based on the mother's response on the signed Mother's Worksheet.

If the child died, and is named, the parent(s) may request a social security card for the child.

The proper applicant for issuance of a SSN through the EAB is the parent.

If the adoption agency or adopting family asks that the social security card be mailed to them, this is not an acceptable request. This request cannot be handled through the EAB. The requesting party will need to make application for the card at the local SSA office.

Items 21 and 22 PARENTS' SOCIAL SECURITY NUMBERS

Item 21. MOTHER'S SOCIAL SECURITY NO.

Item 22. FATHER'S SOCIAL SECURITY NO.

Enter the full nine-digit Social Security Number for the mother and of the father of this child obtained from the parent(s) on the signed Mother's Worksheet. This item should be completed for the mother on all certificates and for the father in all cases where the name of the father is shown on the certificate in item 11.

Every effort should be made to provide the social security numbers of the mother and father (if named). If the parent absolutely refuses to provide the number, enter 'refused' in the appropriate space.

If either parent has no social security number, enter 'None' in item 21 and/or item 22. If the social security numbers are not obtained by the time the certificate should be filed, enter 'N/A' or 'Not Available.'

Directive for Item: The Federal Welfare Reform Act of 1988 requires the Tennessee OVR to collect the parents' social security numbers at the time of birth registration.

Items 23 and 26 - PARENTS' EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8th grade or less
- 9th – 12th grade, no diploma
- High school graduate or GED completed
- Some college credit but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (i.e. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
- Unknown

Item 23. MOTHER

Item 26. FATHER

Based on the mother's and/or father's response on the signed worksheet, check the appropriate box in the listing on the certificate. If the mother leaves the item blank on the worksheet and the person completing the certificate is unable to contact her, check "Unknown."

Make no entry in item 26 if the father's name is not entered in item 11a.

Purpose of Item: Education is correlated with fertility and birth outcome, and is used as an indicator of socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.

Items 24 and 27 - PARENTS' OF HISPANIC ORIGIN? (Check the box that best describes whether the parents are Spanish/Hispanic/Latina or Latino. Check the "No" box if the parent is not Spanish/Hispanic/Latina or Latino)

- No, not Spanish/Hispanic/Latina or Latino
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina or Latino
- Specify _____
- Unknown

Item 24. MOTHER

Item 27. FATHER

Based on the mother's or father's response on the signed worksheet, select the corresponding checkbox on the certificate and fill in any literal (written) responses. The entry in this item should reflect the response of the parent(s).

Item 24 should be checked for the mother on all certificates.

Item 27 should be checked for the father in all cases where the name of the father is shown in Item 11a.

See Appendix N, page 146, for a listing of Hispanic Origin - Other Entries Reported on Certificates and Reports.

Enter the response in this space even if it is not a Hispanic origin.

If an ethnic origin not on the list is indicated, record it in the 'Specify' space.

This item is not a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic Origin, should be asked independently.

If no response to the Hispanic Origin question, check 'Unknown.'

For the purposes of this item, 'Hispanic' refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

Purpose of Item: Hispanics are the nation's largest minority group. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Collection of data on persons of Hispanic origin make it possible to obtain valid demographic and health information on this important group of Americans.

Items 25a-b and 28a-b PARENTS' RACE (Check one or more races to indicate what the parent considers herself/himself to be)

- White
- Black or African American
- American Indian or Alaska Native
- Name of the enrolled or principle tribe _____
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian, Specify _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander, Specify _____
- Other, Specify _____
- Unknown

25b. and 28b. Which of the above does the mother/father consider her/his primary race? _____

Item 25a. MOTHER

Item 28b. FATHER

Based on the mother's or father's response on the signed worksheet, select all the corresponding checkboxes on the certificate and complete exactly as given. For example, if both 'Black' and 'Chinese' are checked, select both responses.

The entry in this item should reflect the response of the parent(s). The entry of race should not be based on observation.

See Appendix O, page 147, for a listing of Race-Other Entries Reported on Certificates and Reports. If the mother or father reports their race to be one of the races in this listing, enter the race as reported.

Item 25a and 25b should be checked for the mother on all certificates.

Item 28a and 28b should be checked for the father in all cases where the name of the father is shown in Item 11a.

There is no set rule as to how many generations are to be taken into account in determining race. The response is to reflect the racial group with which the parents identify.

Spell out the name of race for the 'Other, Specify' checkboxes.

If no response to the race question, check 'Unknown.'

Purpose of Item: Information concerning race is essential in producing data for minority groups. It is used to study racial variations in childbearing, disparity issues, access to health care, and the pregnancy outcomes (infant mortality and birth weight). Race is an important variable in planning for, and evaluating the effectiveness of health programs, and in preparing population estimates.

Item 29. PLACE WHERE BIRTH OCCURRED

- Hospital
- Freestanding birthing center
- Home Birth: Planned to deliver at home? Yes No
- Clinic/Doctor's office
- Other, Specify _____

Check the box that best describes the type of place where the birth occurred.

If 'Home Birth' is checked, check the box for whether the home birth was planned.

If the type of place is not known, type or print 'unknown' in the 'Other, Specify' space.

Item 30. ATTENDANT'S NAME, TITLE, AND NPI

Name: _____

Title: MD DO CNM/CM CPM
 Other Midwife Other, Specify _____

NPI: _____

The attendant at birth is defined as the individual physically present at the delivery who is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician is to be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife should be reported as the attendant.

When the person who signed in item 12 (certifier) was not the attendant at birth, enter the name of the person in attendance at birth on the line provided, and check the appropriate box to identify his or her title. MD = doctor of medicine, DO = doctor of osteopathy, CNM/CM = certified nurse midwife, CPM = certified professional midwife. Other midwives should be identified as "Other Midwife." If "Other (Specify)" is checked, type or print the title of the attendant on the line provided (i.e., RN, LPN, nurse, father, mother, EMS technician, police officer, fireman, etc.).

If the birth did not occur in a facility, the attendant or certifier should complete Item 30.

The NPI is the National Provider Identification Number. If the attendant does not have an NPI number, enter 'None.' If the attendant should have an NPI number but it is unknown, enter 'Unknown.'

Purpose of Item: The attendant's name is important in case of queries. The title provides information on the type of attendant, which is used to assess the service rendered. This information will permit separate identification of deliveries attended by certified nurse midwives, certified professional midwives, and other midwives.

Item 31. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY? Yes No
If yes, enter name of facility mother transferred from: _____

Transfer includes hospital to hospital or birthing facility to facility.

Check 'Yes' if the mother was transferred from one hospital or birthing facility to another facility before the child was delivered. If the mother was transferred before delivery, enter the name of the facility and location from which she was transferred.

If the mother was transferred more than once, enter the name of the last facility and location from which she was transferred.

Check 'No' if this is the first facility the mother was admitted to for delivery.

Check 'No' if the mother was transferred from home, a doctor's office, jail, health department clinic, or such like.

Purpose of Item: This information is used to study transfer patterns and determine whether timely identification and movement of high-risk patients is occurring.

Items 32-34 MOTHER'S PRENATAL CARE

Information for Items 32-34 should come from the mother's prenatal care record and from other medical reports in the mother's chart such as at the local health department, as well as the infant's medical record. If the mother's prenatal care record is not in her hospital chart, contact should be made with her prenatal care provider to obtain the record, or a copy of the prenatal care information. Do not provide information from sources other than the medical records.

Item 32. DID THE MOTHER RECEIVE PRENATAL CARE? Yes No

Check the appropriate box for this item.

Purpose of Item: This information is used to determine the relationship of prenatal care to the health of the child at birth.

Item 33. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY

(If none, enter 0)

Enter the total number of visits made for medical supervision of the pregnancy by a physician, local health department clinic, or other health care provider during the pregnancy.

If the mother had no prenatal care, enter '0' in the space. Note: The 'No' box should be checked in Item 32.

If the mother had prenatal care but the number of visits is not known, enter 'Unknown' in the space.

Item 34a. DATE OF FIRST PRENATAL CARE VISIT / / / / / / / /
M M D D Y Y Y Y

This date should be the date a physician or other health care professional first examined and/or counseled the pregnant woman for the pregnancy, and that is in the patient's records.

Enter the month, day, and year of the first prenatal care visit.

Obtain the information from the patient's records or outpatient physician.

When records are not available for date of first prenatal care visit, obtain the information from the mother. Work with the mother to remember year, then work with her to recall the month. Finally, see if she can remember the day. Record that information in the item for date of first prenatal care visit.

If the mother is unable to supply the information, complete all parts of the date that are available; leave the rest blank.

If it is not known whether the mother had prenatal care, or if she had care but the date of the first visit is not known, enter 'Unknown.'

If the mother had no prenatal care, check the 'No' box in Item 32.

Item 34b. DATE OF LAST PRENATAL CARE VISIT / /
 M M / D D / Y Y Y Y

Enter the month, day, and year of the last prenatal care visit recorded in the records.

Complete all parts of the date that are available; leave the rest blank.

If it is not known whether the mother had prenatal care, or if she had care but the date of the last visit is not known, enter 'Unknown.'

If the mother had no prenatal care, check the 'No' box in Item 32.

Item 35. MOTHER'S HEIGHT (feet/inches)

Enter the mother's height in feet and inches. If the record indicates height in fractions such as 5 feet 6 $\frac{1}{2}$ inches, enter 5 feet, 6 inches.

If the mother's height is unknown, enter 'Unknown' in the space.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this item.

Item 36. MOTHER'S PREPREGNANCY WEIGHT ____ (pounds)

Enter weight in whole pounds only. Do not include fractions. For example, enter 140 1/2 pounds as 140.

If the mother's prepregnancy weight is unknown, enter 'Unknown' in the space.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this item.

Item 37. MOTHER'S WEIGHT AT DELIVERY ____ (pounds)

Enter the mother's delivery weight in whole pounds only. Do not include fractions.

If the mother's delivery weight is unknown, enter 'unknown' in the space.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this item.

Item 38. DID MOTHER GET WIC FOOD FOR HERSELF DURING THIS PREGNANCY? Yes No

This item is to be completed based on information obtained from the mother's response on the signed worksheet. Either the 'Yes' or 'No' box must be checked.

If the Mother's Worksheet indicates 'unknown,' enter 'unknown.'

Items 39-40 PREGNANCY HISTORY (Complete each section)

When birth certificates or fetal death reports are prepared for a plural delivery, items 39-40 on the birth certificate of the first-born should not include any of the other deliveries from this pregnancy.

- If this child is a first twin, information regarding the second twin is not to be recorded in birth certificate items 39a-c.
- For the certificate of live birth or report of fetal death of the second-born, these items should include information about the first-born of the plural delivery.
- Similarly, for the third-born, these items should include information about the first- and second-born, and so on.

Items 39a-c NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)

Item 39a. Now living _____ **None**

Enter the number of live births which occurred to this mother prior to the birth of this child, and who are still living. Do not include this child. Do not include children by adoption.

If this was a multiple delivery, include all live born infants who preceded the live born infant in this delivery. If this child was first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Check 'None' if this is the first live birth to this mother or if all previous children are dead.

Item 39b. Now dead _____ **None**

Enter the number of live births which occurred to this mother prior to the birth of this child, and who are no longer living. Do not include this child. Do not include children by adoption.

If this was a multiple delivery, include all live born infants who preceded the live born infant in this delivery. If this child was first born in a multiple delivery, do not include this infant. If second born, include the first born, etc.

Check 'None' if this is the first live birth to this mother or if all previous children are still living.

Item 39c. Date of last live birth _____ / _____
M M / Y Y Y Y

Enter the date (month and year) of birth of the last live born child of the mother.

If this certificate is for the second birth of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births, enter the date of birth of the previous live birth of the set.

If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter 'None' if the mother has not had a previous live birth. Do not leave this item blank.

Item 40. NUMBER OF OTHER PREGNANCY OUTCOMES**Item 40a. Other outcomes** _____ None

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, spontaneous abortion, or induced abortion.

Check 'None' if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants.

If it is unknown if there were other pregnancy outcomes, enter 'unknown.'

Item 40b. Date of last other pregnancy outcome / /

Enter the date (month and year) of the last other pregnancy outcome that was not a live birth regardless of the length of gestation.

If this certificate is for the second birth of a twin set and the first was born dead, enter the date of delivery of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus.

If all previously born members of a multiple set was born alive, enter the date of the mother's last delivery that resulted in a fetal death.

If the mother has never had an other pregnancy outcome, enter 'None.' Do not leave this item blank.

Purpose of Items: These items are used to determine live-birth order and total-birth order, which are important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order - for example, first births to older women - and determining the relationship of birth order to infant and perinatal mortality.

In studying child spacing, the dates of last live birth and other terminations are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother's previous pregnancies, such as prior fetal loss, short interpregnancy interval, and high parity.

Item 41. DATE LAST NORMAL MENSES BEGAN

— — / — — / — — —
M M / D D / Y Y Y Y

Enter the complete date (month, day, and year) of the beginning of the mother's last normal menstrual period. This information may be obtained from the physician, facility worksheet, medical records, etc.

When records are not available for date last normal menses began, obtain the information from the mother. Work with the mother to remember the year, then work with her to recall the month. Finally, see if she can remember the day. Record that information in the item for date last normal menses began.

If the mother is unable to supply the information, complete all parts of the date that are available; leave the rest blank.

Enter 'unknown' if the complete date cannot be determined. Do not leave this item blank.

Purpose of Item: This item is used in conjunction with the date of birth to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with birth weight to determine the maturity of the child at birth.

Item 42. PRINCIPLE SOURCE OF PAYMENT FOR THIS DELIVERY

- Private Insurance
- Medicaid/TennCare
- Self-pay
- Other, Specify: _____

This item should be completed by the facility's staff person.

If the birth did not occur in a facility, the attendant or certifier should complete it.

Check the one box that best describes the principal source of payment for this delivery.

If the 'Other, Specify' box is selected, specify the payer.

If the principal source of payment is not known, enter 'unknown' in the space.

Purpose of Item: This item is strongly associated with pregnancy outcomes among payment categories. The Medicaid/TennCare response will provide a measure of socioeconomic status, as well as an indication of program participation.

Item 43. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY
For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter "0."

Average number of cigarettes or packs of cigarettes smoked per day

	# of cigarettes	# of packs
Three Months Before Pregnancy	_____	or
First Three Months of Pregnancy	_____	or
Second Three Months of Pregnancy	_____	or
Last Three Months of Pregnancy	_____	or

This item is to be completed by the facility based on information obtained from the mother.

If the birth did not occur in a facility, it is to be completed by the attendant based on information obtained from the mother.

As noted above, the instruction by the Item 43 and item name is 'For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked.' If none, enter '0.'

The Mother's Worksheet gives the instruction to the mother as: "How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period." The entry of 'unknown' is not an acceptable entry.

Purpose of Item: Higher quality cigarette smoking data are possible by collecting in trimesters. It also helps evaluate the health impact of changes in smoking at different points in the pregnancy.

Items 44-50 MEDICAL AND HEALTH INFORMATION - CHECKBOX ITEMS

Information regarding risk factors in this pregnancy, infections present and/or treated during this pregnancy, obstetric procedures, onset of labor, characteristics of labor and delivery, method of delivery, and maternal morbidity are to be completed by the attendant or the attendant's designated representative.

- The use of the Facility Worksheet (Appendix D, page 128) is encouraged.
- **Do not give the birth certificate or a worksheet to the mother, father, or guardian to complete items 44-50.**

Review each checkbox listed, and carefully check the appropriate box(es). Clearly check the box.

Item 44. RISK FACTORS IN THIS PREGNANCY (Check all that apply)

Diabetes

- Prepregnancy (Diagnosis prior to this pregnancy)
- Gestational (Diagnosis in this pregnancy)

Hypertension

- Prepregnancy (Chronic)
- Gestational (PIH, preeclampsia, eclampsia)
- Previous preterm birth
- Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth)
- Vaginal bleeding during this pregnancy prior to the onset of labor
- Pregnancy resulted from infertility treatment
- Mother had a previous cesarean delivery.
If yes, how many _____
- None of the above

The mother may have more than one risk factor. Check all that apply.

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to these items.

If the mother had none of the risk factors, check the "None of the above" box. Do not leave the item blank.

The following definitions of the risk factors in this pregnancy may be used as information guides:

Diabetes (prepregnancy): Glucose intolerance requiring treatment diagnosed prior to this pregnancy.

Diabetes (gestational): Glucose intolerance requiring treatment diagnosed during this pregnancy.

Hypertension (prepregnancy)(Chronic): Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed prior to the onset of this pregnancy.

Hypertension (gestational)(PIH, preeclampsia, eclampsia): Elevation of blood pressure above normal for age, gender, and physiological condition diagnosed during this pregnancy. May include proteinuria (protein in the urine) without seizures or coma and pathologic edema (generalized swelling, including swelling of the hands, legs and face). Eclampsia is with proteinuria with generalized seizures or coma. May include pathologic edema.

Previous preterm birth: History of pregnancy(ies) terminating in a live birth of less than 37 completed weeks of gestation.

Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth): History of pregnancies continuing into the 20th week of gestation (post menstrual age) and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.

Vaginal bleeding during this pregnancy prior to the onset of labor: Any reported or observed bleeding per vaginum at any time in the pregnancy presenting prior to the onset of labor.

Pregnancy resulted from infertility treatment: Any assisted reproduction technique, artificial insemination, drugs (e.g., Clomid, Pergonal), or technical procedures (e.g., in-vitro fertilization) used to initiate the pregnancy.

Previous cesarean: Previous operative delivery in which the fetus is extracted through an incision in the maternal abdominal and uterine walls.

Purpose of Item: This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and prevention strategies.

Item 45. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY
(Check all that apply)

- Gonorrhea
- Syphilis
- Herpes Simplex Virus (HSV)
- Chlamydia
- Hepatitis B
- Hepatitis C
- None of the above

Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to this items.

The following definitions for infections present and/or treated during this pregnancy may be used as information guides:

Gonorrhea – a positive test for *Neisseria gonorrhoeae*

Syphilis (also called lues) – a positive test for *Treponema pallidum*

Herpes Simplex Virus (HSV) – a positive test for the herpes simplex virus

Chlamydia – a positive test for *Chlamydia trachomatis*

Hepatitis B (HBV, serum hepatitis) – a positive test for the hepatitis B virus

Hepatitis C – (non A, non B hepatitis (HCV) – a positive test for the hepatitis C virus

Check all the boxes that apply. If the mother had none of the listed infections, check "None of the above." Do not leave the item blank.

Item 46. OBSTETRIC PROCEDURES (Check all that apply)

- Cervical cerclage
- Tocolysis
- External cephalic version
 - Successful
 - Failed
- None of the above

This information should be obtained from the mother's medical chart or the physician.

The following definitions for obstetric procedures may be used as information guides:

Cervical cerclage: Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy

Tocolysis: Administration of any agent with the intent to inhibit preterm uterine contractions to extend length of the pregnancy

External cephalic version: Attempted conversion of a fetus from a non-vertex presentation to a vertex presentation by external manipulation

Successful: Fetus was converted to vertex presentation

Failed: Fetus was not converted to vertex presentation

Check all the boxes that apply. If the mother had none of the listed procedures or treatments, check the 'None of the above' box. Do not leave the item blank.

Purpose of Item: Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor, and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.

Item 47. ONSET OF LABOR (Check all that apply)

- Premature rupture of the membranes (prolonged \geq 12 hrs)
- Precipitous labor (< 3 hrs)
- Prolonged labor (\geq 20 hrs)
- None of the above

The following definitions regarding onset of labor may be used as information guides:

Premature rupture of the membranes (prolonged >12 hours) – spontaneous tearing of the amniotic sac (natural breaking of the "bag of waters") 12 hours or more before labor begins

Precipitous labor (<3 hours) – labor that progresses rapidly and lasts for less than 3 hours

Prolonged labor (> 20 hours) – labor that progresses slowly and lasts for 20 hours or more

Check all boxes that apply. If none are indicated, check 'None of the above.'

If the data are not available, check 'None of the above.' Do not leave this item blank.

Item 48. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery
- Antibiotics received by the mother during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4°F)
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor such that one or more of the following actions was taken: in-utero resuscitative measures, further fetal assessment or operative delivery
- Epidural or spinal anesthesia during labor
- None of the above

This information should be obtained from the mother's medical chart or the physician.

The following definitions concerning characteristics of labor and delivery may be used as information guides:

Induction of labor: Initiation of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.

Augmentation of labor: Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.

Non-vertex presentation: Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentation, and transverse lie in the active phase of labor or at delivery other than vertex.

Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery: Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.

Antibiotics received by the mother during labor: Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery (Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefataxime, Ceftriaxone, etc.).

Clinical chorioamnionitis diagnosed during labor or maternal temperature >38°C (100.4°F): A clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis, and fetal tachycardia. Any recorded maternal temperature at or above the febrile threshold as stated.

Moderate/heavy meconium staining of the amniotic fluid: Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or delivery which is more than enough to cause a greenish color change of an otherwise thin fluid.

Fetal intolerance of labor such that one or more of the following actions was taken in-utero resuscitation measures, further fetal assessment, or operative delivery: *In utero resuscitative measures* such as any of the following: maternal position change, oxygen administration to the mother, intravenous fluid administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following: scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery-operative intervention* to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.

Epidural or spinal anesthesia during labor: Administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.

Check all boxes that apply. If none of the characteristics of labor and delivery apply to this delivery, check 'None of the above.' Do not leave this item blank.

Purpose of Item: This information is used to identify pregnancy characteristics during labor and delivery and their relationship to method of delivery and birth outcome.

Item 49. METHOD OF DELIVERY

- A. Was delivery with forceps attempted but unsuccessful? Yes No
- B. Was delivery with vacuum extraction attempted but unsuccessful? Yes No
- C. Fetal presentation at birth
 - Cephalic
 - Breech
 - Other
- D. Final route and method of delivery (Check one)
 - Vaginal/Spontaneous
 - Vaginal/Forceps
 - Vaginal/Vacuum
 - Cesarean If Cesarean, was a trial of labor attempted? Yes No

The following definitions for method of delivery may be used as information guides:

Attempted forceps or vacuum: Obstetric forceps, ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt to effect delivery of the head through the vagina.

Cephalic presentation: Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP).

Breech presentation: Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech.

Other presentation: Any other presentation or presenting part not listed above.

Spontaneous delivery: Delivery of the entire fetus through the vagina by the natural forces of labor with or without manual assistance from the delivery attendant.

Forceps delivery: Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.

Vacuum delivery: Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.

Cesarean delivery: Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls.

Complete each section by checking the appropriate boxes. Do not leave any section blank. If more than one method was used, check all methods that apply to this delivery. Do not leave this item blank.

Purpose of Item: This information is used to relate the method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.

Item 50. MATERNAL MORBIDITY (Check all that apply)
(Complications associated with labor and delivery)

- Maternal transfusion
- Third or fourth degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following delivery
- None of the above

The following definitions of maternal morbidity may be used as information guides:

Maternal transfusion: Includes infusion of whole blood or packed red blood cells during the mother's confinement in the facility.

Third or fourth degree perineal laceration: 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.

Ruptured uterus: Tearing of the uterine wall.

Unplanned hysterectomy: Surgical removal of the uterus that was not planned prior to admission for delivery. Includes an anticipated or possible but not definitely planned procedure.

Admission to intensive care unit: Any admission, planned or unplanned, of the mother to a facility/unit designated as providing intensive care.

Unplanned operating room procedure following delivery: Any transfer of the mother to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.

Check all boxes that apply. If the mother has none of the complications, check 'None of the above.' Do not leave this item blank.

Item 51. BIRTHWEIGHT (grams preferred, specify unit)

grams lb/oz

Enter the infant's birthweight in grams.

If the weight in grams is not available, enter the birthweight in lbs. and oz..

Do not convert pounds and ounces (lbs. and oz.) to grams.

If birthweight is not known, enter 'unknown' in the space.

Check the box to specify whether grams or lb/oz are used.

Purpose of Item: This is the single most important characteristic associated with infant mortality. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the birth. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

Item 52. OBSTETRIC ESTIMATE OF GESTATION _____ (completed weeks)

Enter the length of gestation in completed weeks. This is the infant's gestation as based on the birth attendant's final estimate of gestation.

Do not complete this item based on infant's date of birth and the mother's date of last normal menses.

If the attendant has not done a clinical estimate of gestation, and the facility personnel cannot obtain it from the attendant, enter 'None.' Do not leave this item blank.

Purpose of Item: This item provides information on gestational age when the item on date last normal menses began contains invalid or missing information. For a record with a plausible date last normal menses began, it provides a crosscheck with length of gestation based on ultrasound or other techniques.

Item 53. APGAR SCORE

Score at 5 minutes _____

If 5 minute score is less than 6, what is the

Score at 10 minutes _____

Enter the infant's Apgar score at 5 minutes. Do not enter a score if taken earlier than 5 minutes.

If the score at 5 minutes is less than 6, enter the infant's Apgar score at 10 minutes.

If the score at 5 minutes is unknown or was not taken, enter 'Unknown.'

Roman Numerals, fractions, and a range of scores, i.e., 6-8, should not be used.

For a home delivery, the Apgar scores will generally not be taken. 'Not taken' should be entered for the score at 5 minutes. There will be exceptions such as when the child was delivered by a certified nurse midwife or certified professional midwife.

Purpose of Item: The Apgar score is regarded as a reliable summary measure for evaluating the physical condition of the infant at birth.

Items 54-55 PLURALITY - BIRTH ORDER

Plurality refers to the pregnancy even when one child is born alive and one is a fetal death. When a plural delivery occurs, prepare and file a separate Certificate of Live Birth or Report of Fetal Death (Stillbirth) (if required, based on weight) for each child or fetus. File certificates or reports relating to the same plural delivery at the same time, or attach a note to the birth certificate indicating the whereabouts of the fetal death report.

Item 54. PLURALITY (Single, Twin, Triplet, etc.) Specify _____

Specify if this birth was single, twin, Siamese twin, triplet, quadruplet, etc.

Include all products of the pregnancy, that is, all live births and fetal deaths delivered at any point during the pregnancy.

Item 55. IF NOT SINGLE BIRTH (Born First, Second, Third, etc.) Specify _____

If this is a single birth, leave this item blank.

For multiple deliveries, enter the order that this infant was delivered in the set, e.g., first, second, third, etc.

Count all live births and fetal deaths delivered at any point in the pregnancy.

Purpose of Items: These items are related to other items on the certificate (for example, period of gestation and birth weight) that have important health implications. This information is also used to study twin deliveries and high-risk infants who may require additional medical attention.

Items 56-57 NEWBORN INFORMATION - CHECKBOX ITEMS

Information regarding abnormal conditions of the newborn and congenital anomalies of the newborn are to be completed by the attendant or the attendant's designated representative. The use of the Facility Worksheet (Appendix D, page 128) is encouraged.

Do not give the birth certificate or a worksheet to the mother, father, or guardian to complete items 56-57.

Review each checkbox listed, and carefully check the appropriate box(es). Clearly check the box.

Item 56. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- Assisted ventilation required immediately following delivery
- Assisted ventilation required for more than six hours
- NICU admission
- Newborn given surfactant replacement therapy
- Antibiotics received by the newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)
- None of the above

The following definitions for abnormal conditions of newborn may be used as information guides:

Assisted ventilation required immediately following delivery: Infant given manual breaths with bag and mask or bag and endotracheal tube within the first several minutes from birth for any duration. Excludes oxygen only and laryngoscopy for aspiration of meconium.

Assisted ventilation required for more than 6 hours: Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).

NICU admission: Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for the newborn.

Newborn given surfactant replacement therapy: Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency either due to preterm birth or pulmonary injury resulting in decreased lung compliance (respiratory distress). Includes both artificial and extracted natural surfactant.

Antibiotics received by the newborn for suspected neonatal sepsis: Any antibacterial drug given systemically (intravenous or intramuscular) (e.g., penicillin, ampicillin, gentamicin, cefotaxime, etc.)

Seizure or serious neurologic dysfunction: Seizure defined as any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction defined as severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxic-ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Excludes symptoms associated with CNS congenital anomalies.

Significant birth injury (skeletal fracture(s), peripheral nerve injury and/or soft tissue/solid organ hemorrhage which requires intervention): Defined as present immediately following delivery or manifesting following delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage, giant cephalohematoma, extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.

Check all boxes that apply if more than one abnormal condition exists.

If none of the abnormal conditions of the newborn are indicated, check 'None of the anomalies listed above.' Do not leave this item blank.

Purpose of Item: Information on abnormal conditions of the newborn helps measure the extent infants experience medical problems and can be used to plan for their health care needs. This item also provides a source of information on abnormal outcome in addition to congenital anomaly or infant death. These data allow researchers to estimate the number of high-risk infants who may benefit from special medical services.

Item 57. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)

- Anencephaly
- Meningomyelocele/Spina bifida
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes)
- Cleft lip with or without Cleft palate
- Cleft palate alone

Down Syndrome

- Karyotype confirmed
- Karyotype pending

Suspected chromosomal disorder

- Karyotype confirmed
- Karyotype pending

- Hypospadias
- None of the anomalies listed above

The following definitions for congenital anomalies of the newborn may be used as information guides:

Anencephaly: Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Babies with craniorachischisis (anencephaly with contiguous spine defect) should also be included in this category.

Meningomyelocele/Spina Bifida: Spina bifida refers to herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele refers to herniation of meninges and spinal cord tissue. Babies with meningocele (herniation of meninges without spinal cord tissue) should also be included in the category. Both open and closed (covered with skin) lesions should be included. Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges) should not be included in this category.

Cyanotic congenital heart disease: Congenital heart defects which cause cyanosis. Includes but is not limited to transposition of the great arteries (vessels), teratology of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.

Congenital diaphragmatic hernia: Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.

Omphalocele: A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane, (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Umbilical hernia (completely covered by skin) should not be included in this category.

Gastroschisis: An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.

Limb reduction defect: (excluding congenital amputation and dwarfing syndromes) Complete or partial absence of a portion of an extremity secondary to failure to develop.

Cleft Lip with or without Cleft Palate: Cleft lip with or without cleft palate refers to incomplete closure of the lip. Cleft lip may be unilateral, bilateral or median; all should be included in this category.

Cleft Palate alone: Cleft palate refers to incomplete fusion of the palatal shelves. This may be limited to the soft palate or may also extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without Cleft Palate" category, rather than here.

Down Syndrome: Trisomy 21

Suspected chromosomal disorder: Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

Hypospadias: Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree - on the glans ventral to the tip, second degree - in the coronal sulcus, and third degree - on the penile shaft.

Check all boxes that apply.

If none of the congenital anomalies of the newborn are indicated, check the 'None of the anomalies listed above' box. Do not leave this item blank.

Note regarding Down Syndrome: If karyotype status is unknown, leave both 'Karyotype confirmed' and 'Karyotype pending' boxes blank.

Purpose of Item: Information on congenital anomalies is used to identify health problems that require medical care and monitor the incidence of the stated conditions. It is also used to study unusual clusters of selected anomalies, to track trends among different segments of the population, and to relate the prevalence of anomalies to other characteristics of the mother, infant, and the environment.

Item 58. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY?

Yes No

If yes, name of facility infant transferred to: _____

'Transfer' is defined as moving the child from the facility (hospital) where the delivery occurred to another facility. 'Facility' is defined as another birthing facility.

Check 'Yes' if the infant was transferred from this facility to another facility within 24 hours of delivery, and enter the name of the facility to which the infant was transferred.

If the name of the facility where transferred to is not known, enter 'unknown.'

If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred.

Check 'No' if the infant was not transferred to another facility.

Check 'No' if the infant was moved to the newborn intensive care unit in the same facility.

Purpose of Item: This information is used to examine transfer patterns and perinatal outcomes by type of facility or level of care. It may also be used to follow up and determine the survival status of an infant transferred to a different facility.

Item 59. IS INFANT BEING BREASTFED? Yes No

Check 'Yes' if the infant is being breastfed or the mother is attempting to breastfeed at discharge from facility.

Check 'No' if the infant is not being breastfed at discharge from facility.

This item refers to the action of breast feeding or pumping milk, not the intent to breastfeed.

Preferred source for this item may be the labor and delivery summary, maternal progress note, newborn flow record, lactation consult, etc.

For births outside of a facility, the attendant should complete the item.

Do not leave this item blank.

Item 60a. IS INFANT LIVING AT TIME OF REPORT?

Yes No Infant transferred, status unknown

Check 'Yes' if the infant is living.

Check 'Yes' if the infant has already been discharged to home care.

Check 'No' if it is known that the infant died.

Special Awareness Question and Answer:

Who is responsible for filing the death certificate for a child born alive and died?

1. If a funeral home took the body, funeral home personnel are responsible for preparing the death certificate, obtaining the medical certification and certifier's signature, and filing the original certificate with the local health department in the county where death occurred. However, facility personnel should obtain the cause of death information and signature from the appropriate physician, and then provide the partially completed original death certificate to the funeral director.
2. If the facility is authorized by the parent(s) to make final disposition of the body, the facility personnel are responsible for preparing the death certificate, obtaining the medical certification and certifier's signature, and filing the original certificate with the local health department in the county where death occurred. The certificate should be filed within five days after the death occurred.

See also Appendix X, page 181, Part II, No. 2, for similar information.

If the infant was transferred but the status is unknown, check the 'Infant transferred, status unknown' box.

Item 60b. If not living, give date of death / /

Enter the infant's date of death as month, day, year. If any part of the date of death is unknown, enter the parts that are known.

If it is known the infant died, however the date is unknown, enter 'unknown' in the space.

Item 61. WHAT LANGUAGE IS SPOKEN PREDOMINANTLY IN THE HOME?

English Spanish/Spanish Creole German French
 Chinese Vietnamese Korean Arabic
 Other, Specify _____ Unknown

Based on the mother's information in the signed Mother's Worksheet, select one checkbox which best represents what language is spoken in the mother's home.

Item 62. WHAT IS THE COMBINED HOUSEHOLD INCOME FOR THE LAST 12 MONTHS?

< \$10,000 \$25,000-34,999 \$75,000-\$99,999
 \$10,000-\$14,999 \$35,000-49,999 \$100,000 or more
 \$15,000-\$24,999 \$50,000-\$74,999 Unknown/Refused

Based on the mother's information in the signed Mother's Worksheet, select one checkbox which best applies to the total household income in the home in which the mother lives.

If the information is unknown or the mother refused to give information, check the 'Unknown/Refused' box.

PART V
BIRTH CERTIFICATES AND DEATH CERTIFICATES
ADDITIONAL INFORMATION

BIRTH CERTIFICATES AND DEATH CERTIFICATES - ADDITIONAL INFORMATION

Additional information related to the registration process for birth certificates and death certificates appears in this section in alphabetic order by subject matter.

Adoption - Newborn Child Known to be Given for Adoption at Time of Birth

When facility personnel are informed the newborn child will be adopted, the birth certificate is completed in the usual manner. That is, the child's last name is the natural mother's current legal name. If the mother chooses not to name the child, the adopting agency or attorney for the adopting parents may name the child. No information about the adopting parents is entered on the certificate.

The Tennessee OVR suggests the facility not give the mother the 'Mother's Copy,' unless she asks for it. If the adopting agency or attorney requests the 'Mother's Copy,' it is acceptable to give it to them since the application may be used for requesting a certified copy as requirement for finalizing adoption proceedings.

While it may be known the child is to be adopted, if the unmarried mother and the biological father want to complete the VAOP and register it with the birth certificate, this is an acceptable request. In this case, the mother should be given the opportunity to request a Social Security Number (Item 20) for her newborn child.

Upon receipt of required legal documents concerning final decree of adoption, the Tennessee OVR prepares a new certificate of birth in the adopted name. The name of the facility where birth occurred is not usually entered on the new certificate. The original birth certificate, which was submitted by the facility, is removed from the Tennessee OVR active files and is permanently sealed following the preparation of the new certificate.

Amendments - Procedures for Requesting Amendment be Made on Birth Certificate

Amendments may be made on the original birth certificate at anytime. When a request is made before the child's first birthday, no fee is required. The requestor pays only for the certified copy. After the child is one year old, the requestor must pay \$15.00 for amendment of a birth certificate plus the fee for the certified copy.

Who is responsible for notifying the Tennessee OVR when a change needs to be made on the birth certificate?

1. Facility's Responsibility, or
Certified Nurse Midwife's Responsibility, or
Certified Professional Midwife's Responsibility, or
Other Midwife's Responsibility

When the child is less than one year old and the error is in sex of child (Item 2), date of birth (Item 3), or time of birth (Item 4), the above mentioned personnel need to submit a notarized affidavit to the Tennessee OVR giving the name of child, date of birth, county of birth, parents' names, and specify the item in error and how it should be corrected. Send the notarized affidavit to the following address:

Amendment Unit
Tennessee Vital Records
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, TN 37243

Special Note to WinEBC Facility: The following WinEBC tip which previously appeared in this handbook is listed below for convenience.

~~ WinEBC tip ~~ Important Notice regarding duplicate birth certificates: If the birth certificate clerk needs to make changes to a birth certificate that has been downloaded to the Tennessee OVR, do not call for a password to unlock the record. The correct procedure is to send a notarized affidavit and copy of the signed mother's worksheet to the Amendment Unit at the address in No. 1 above. Any duplicate certificates received in the Tennessee OVR will be returned to the facility.

2. Facility's Responsibility, or
Certified Nurse Midwife's Responsibility, or
Certified Professional Midwife's Responsibility, or
Other Midwife's Responsibility

When an item was incorrectly entered on the original birth certificate (example: mother's date of birth), however the signed mother's worksheet is correct, the above mentioned personnel should submit a notarized statement and a copy of the mother's worksheet to the Tennessee OVR in order to correct the item. The notarized affidavit should give the name of child, date of birth, county of birth, parent(s) names, and specify the item in error and how it should be corrected. Important Awareness Note: A note should be included in the affidavit that the error was made by the facility personnel. Send the notarized affidavit to the address listed in No. 1 above.

3. Parent's responsibility

At anytime, when a change must be made for items other than sex of child, date of birth, and time of birth, the parent is responsible for making a written request to the Tennessee OVR. Corrections may be made on the 'Mother's Copy' or the parent may explain the requested change in written correspondence to the Tennessee OVR.

The requested change requires a notarized affidavit of both parents unless no father is shown. When making the request to correct the parent(s) information, a certified copy of the parent(s) birth certificate must be submitted with the notarized affidavit.

After the child is one year old and the error is in sex, date of birth or time of birth, the parent should be responsible for obtaining documentation from the facility's medical records or other source and sending it to the Tennessee OVR. Depending upon the nature of the request, a certified court order or documentary evidence may be required to make changes. The \$15.00 amendment fee must be submitted.

Artificial Insemination - Birth from Artificial Insemination

A child born to a married woman as a result of artificial insemination, with consent of such married woman's husband, is deemed to be the legitimate child of the husband and wife. This is clearly covered in T.C.A. § 68-3-306.

Certified Copies of Birth Certificates and Fees

The short form of the birth certificate is a certified computerized transcript that shows child's name, birth date, sex, county of birth, certificate number, parents' names and file date. The cost is \$7.00; each additional copy is \$4.00.

The long form certified copy of the birth certificate is a photocopy of the legal portion of the birth certificate which includes items 1-14. The cost is \$12.00; each additional copy is \$4.00.

The mother is given the 'Mother's Copy' of the birth certificate. This copy clearly discusses the types of certified copies available, the fee of each, and where to send her request for copies. Either copy is certified with the State Seal and is legally acceptable for school registration, passport application, little league documentation, medical needs, etc.

Additional information concerning fees and how to obtain certified copies is included in Appendix U, page 174.

Certified Court Order

The original court order is retained in the Tennessee court or other state's court. Depending upon the requirement for the court order, the parent should provide the birth certificate clerk or the Tennessee OVR with a copy that has the original signature of the judge or original signature of the court official. The certified court order must not be confused with a notarized statement.

Checklist for Reviewing Birth Certificate Before Mailing Certificate

For the initial review of the original birth certificate, and before mailing the certificate, some basic criteria must be met by the facility or other birth attendant. The following checklist, although not exhaustive, is provided for consideration:

- + Did the birth occur within Tennessee?
- + Is the certificate the current form (Rev. 1/04 or later)?
- + Is it an original certificate, either typed or printed in black or dark ink?
- + Did the certifier sign in black or blue/black ink, and date in item 12?
- + Are all items complete or accompanied by a satisfactory explanation for omission?
- + Are the names spelled consistently throughout?
- + Is the month of birth spelled out (no numbers)?
- + If this is a multiple birth, are all birth certificates or fetal death reports accounted for?
- + Are the state and county of residence in agreement?
- + Is the month, day, and year accurate on the "date last normal menses began"?
- + Are the dates of "last live birth" and "last other pregnancy outcome" recorded?
- + Are the birth weight and Apgar scores entered?
- + Is the "None" box or other appropriate boxes completed for each of the items 44-48, 50, and 56-57?
- + Is the completed VAOP attached if mother is not married and the father is named?
- + Is the certificate neatly done with no erasures or white outs?
- + **WinEBC facility, please notice** - Is the certificate clearly printed straight on the paper, no black marks, no black streaks, no stains, etc.?

Death Certificate - Who should prepare the newborn's death certificate?

If the funeral home picks up the newborn's body, funeral home personnel are to prepare the death certificate, obtain the certifier's signature and medical certification, and file the original death certificate with the local health department in the county of death. However, facility personnel should obtain the cause of death information and signature from the appropriate physician, and then provide the partially completed original death certificate to the funeral director.

If the facility has been authorized by the parent(s) to handle the final disposition of the newborn's body, the facility personnel are responsible for preparing the death certificate, obtaining the certifier's signature and medical certification, and filing the original death certificate with the local health department in the county of death. See also Appendix X, page 181, Part II, No. 2, for similar information.

Disposal of Human and Fetal Remains - For those persons responsible in the facility for the release or disposal of human and fetal remains, see the guidance document in Appendix X, pages 180-181.

Form - Application for Certified Copy of Certificate of Birth (PH-1654)

In order to further assist the mother, the facility may choose to maintain a supply of the form, Application for Certified Copy of Certificate of Birth (PH-1654 - Shown in Appendix V, page 178). Oftentimes, the mother misplaces her 'Mother's Copy' of birth certificate, or never receives it, and requests that the facility furnish her a replacement. The mother could be given the birth application form upon request. The form may be ordered from the Tennessee OVR. The address is listed below in the next paragraph.

Forms - Where to Order Forms Displayed in Handbook

The person responsible for filing the birth certificate or fetal death report should maintain a sufficient supply of blank forms at all times. Photocopies which have been made of the blank certificates or reports will not be accepted for filing. The request for forms should be made in writing by listing the title of form, the form number, and quantity of forms needed. There is no charge for the forms. Send the request to the following address:

Tennessee Office of Vital Records
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, TN 37243
Attention: Shirley Clark

Delivery of forms cannot be made to a post office box. Allow at least two weeks for the order to be filled.

Requests for forms may be submitted by fax at (615) 741-9860.

For purposes of following up the status of the submitted order for forms, the telephone number is (615) 532-2646.

Foundling Report

A Birth Report of Foundling (PH-1656, Appendix F, page 131) is required for the report and registration of a child that is known to have been born alive and is found alive or dead and whose name, date of birth, place of birth, and parentage are unknown. The person or agency assuming custody of the child is responsible for completing the foundling report and filing it with the Tennessee OVR. For assistance in obtaining the form and preparing the form for official registration of the foundling, call 615-532-2677.

Low Birth Weight Survey Queries

Low birth weight queries are a vital step in carrying out the matching process of infant death certificates and birth certificates. When the child's birth weight is 1,000 grams or less (2 lbs. 3 oz. or less), a computer generated form identifying the name of child, date of birth, mother's maiden name, and birth weight is sent with an identifying cover letter to the facility's staff person who is responsible for determining the status of the very low birth weight child. The query asks if the child was discharged alive, transferred to another facility, is still an inpatient, or if the child expired.

When the birth certificate was initially prepared and submitted for filing, the birth weight may have been entered as unknown. When the follow-up query is sent, the question will be asked to see if the weight was later determined such as when the baby was sent to the newborn intensive care unit.

It is urgent that the query be responded to in the suggested time period because if the child expired, immediate attention is taken to assure that the matching death certificate is registered. Subsequently, the original birth certificate is stamped "Deceased" in order to deter the possible fraudulent attempt to obtain a certified copy of the birth certificate.

Query Process - Review of Birth Certificates

It is generally recognized that not all birth certificates will be 100 percent complete and/or accurate when first presented for registration. Prior to accepting a certificate for registration, the certificate must be reviewed to determine if the legal requirements and/or standards for acceptability for registration have been met. At the state level, the Tennessee OVR has the overall responsibility for reviewing each birth certificate received for completeness and accuracy of information. Querying is an essential part of the birth certificate registration process.

It is the responsibility of the facility staff to assist the Tennessee OVR by answering inquiries in a prompt manner. According to the T. C. A. § 68-3-208, "Medical records will be made available to the state registrar or any direct representative thereof for the limited purpose of gathering information on birth certificates, death certificates and reports of fetal deaths."

Depending upon the nature of the incomplete or inconsistent data, the Tennessee OVR may utilize the telephone for obtaining the information in order to register the birth certificate in a more timely and efficient manner. When the certifier did not sign, the original birth certificate is returned to the facility staff in order to get the certificate to the responsible certifier.

The query process involves sending to the birthing facility staff a computer generated form when incomplete or inconsistent data is observed. The query form will identify the child's name, date of birth, mother's name, and the desired information.

Registration of Birth Certificate One Year After the Birth

If a birth certificate has not been filed with the Tennessee OVR within the first year following the birth, by law the birth must be recorded as a delayed registration. The mother should apply for a certified copy of the birth certificate in order that a thorough search can be made for the birth certificate. Subsequently, if Tennessee OVR does not find a birth certificate on file, a delayed birth certificate is filed based on documents and affidavits that support the facts of birth (date, place, parent(s) names).

If the facility staff realizes that a birth certificate was not prepared and submitted for filing within a year of the date of birth, the facility staff should notify the Tennessee OVR of the oversight. The facility staff should inform the parent(s) to apply for a certified copy of the birth certificate, and if no certificate is located in the Tennessee OVR, the parent(s) will be given further instructions and the fee for filing a delayed birth certificate. The mother may submit copies of the medical records that prove the child was delivered at the birthing facility, or was examined at the facility. This documentation will be used in the registration process of the delayed birth certificate.

Release of Fetal Remains to Family

According to T.C.A. § 68-3-506(a), "Prior to final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director, the person in charge of the institution or other person assuming responsibility for final disposition of the fetus, shall obtain from the parents authorization for final disposition on a form prescribed and furnished or approved by the State Registrar."

If there is no local ordinance stating otherwise, it is acceptable for the family to take the dead fetus for proper burial. Burial in a family cemetery is acceptable. However, the family needs to be responsible and check about the the local ordinances or consult with the county attorney to be sure there is no prohibition against their burying in the selected area. The parent(s) should sign the form that the facility furnishes. The Tennessee OVR no longer provides a form, however the State Registrar may be asked to approve the facility's form. See also Appendix X (pages 180-181) for State Registrar's guidance document for disposal of human and fetal remains.

Safe Haven Law for Registration of Birth Certificate

According to T.C.A. § 68-11-255, when an unharmed newborn is brought to the facility, and the mother does not wish to be identified, the Certificate of Live Birth should not be used for registering the birth. The facts of birth are to be registered in accordance with T.C.A. § 68-3-307 (Infants of unknown parentage). The form, Birth Report of Foundling (PH-1656, Appendix F, page 131) is to be used. The mother's name is not listed on the form. The facility personnel should call 615-532-2677 to obtain a Birth Report of Foundling form and assistance in completing the form.

Surrogate Motherhood

For the purpose of this handbook, the definition of a surrogate mother is a woman who is pregnant with and will deliver a baby that was conceived with the knowledge and intent that another woman was the genetic mother or would become the legal mother. Facility personnel who are preparing a birth certificate for a birth involving a surrogate mother are encouraged to contact the Tennessee OVR for procedures regarding completion of the certificate. If the facility personnel are informed of the birth in advance, they should contact the Tennessee OVR in advance. Information may be obtained by calling 615-532-2654.

Two Women as Mother on Birth Certificate - Not Acceptable

If the birth certificate clerk is requested to put two women on the certificate in items 8a and 8c (mother's name) as the mothers, this is not in accordance with Tennessee Law. The certificate is prepared with only the name of the woman who delivered the child listed in items 8a and 8c, and her personal information entered into the other appropriate items of the certificate. The two women should be advised to petition the court for their request.

PART VI
VOLUNTARY ACKNOWLEDGMENT OF PATERNITY (VAOP)

VOLUNTARY ACKNOWLEDGMENT OF PATERNITY (VAOP)

These instructions pertain to the January 2004 revision of the Tennessee Voluntary Acknowledgment of Paternity (VAOP). The current English and Spanish forms are shown in Appendix G and Appendix H (pages 132-133), respectively.

The completed original VAOP should be filed with the birth certificate within ten (10) days after the birth occurs.

The original birth certificate and the original VAOP should be mailed by the WinEBC facilities and the non-WinEBC facilities to the Tennessee OVR at least one or more times a week. When certificates and VAOPs are filed in a timely manner, the parents' or guardians' needs are met without unnecessary delay.

The T.C.A. § 68-3-302 and T.C.A. § 68-3-305 were changed effective July 1, 1997. The law states that the VAOP constitutes a presumption of paternity for the named father and provides a basis for establishing support without the need for further legal proceedings to establish paternity.

This law placed added responsibility on the facility. Immediately before or after the child's birth to an unmarried woman in the facility, an authorized representative of the facility is required to:

- 1) Provide the unmarried mother and the named father, if present, with written and oral instructions about the rights and responsibilities of acknowledging paternity. The Tennessee Paternity Acknowledgment Program provides brochures for new parents, and audio tapes and video tapes for new parents to listen to or watch. If the facility needs these materials, call toll free 1-800-457-2165. The facility representative is required to offer these materials to the new parents before they are given the VAOP. See Appendix G and Appendix H (pages 132-133) for the English and Spanish versions.
- 2) Provide the unmarried mother and the named father, if present, a VAOP. They should be given the opportunity to complete it and submit it to the birth certificate clerk before the mother leaves the facility (or within 10 days of the birth).

The facility's specific instructions for preparing the VAOP are:

- 1) The form is to be used only when the mother is not married. Do not use the form if the mother is married, separated, is in the process of getting a divorce, or has been divorced less than 300 days.
- 2) The original VAOP form, not a copied form, must be either produced from the WinEBC system, typed, or completed in permanent black ink or dark ink. The VAOP is rejected if there are white outs or strike throughs. Please exercise care in completing the VAOP form.
- 3) Refer to the Tennessee Paternity Acknowledgment Program Hospital Training Manual for general instructions concerning the preparation of the VAOP form.

- 4) Complete Section I of the VAOP with the exact information as listed on the Certificate of Live Birth.
- 5) Complete Section II, Items A through Item G (State) of the VAOP with the required information about the mother of the child. Do not leave Item B (maiden surname) blank. Do not enter 'same' for maiden name.
- 6) Complete Section III, Items A and B (Father's Address, County, Telephone Number and Driver's License Number) of the VAOP giving the required information about the father. Do not enter 'same' for father's residential address.

The birth certificate clerk is not required to gather data about either parent's employment or insurance. Collection of this particular information is optional.

- 7) Carefully observe Section IV of the VAOP. **It is required that the mother and father have the rights and responsibilities of establishing paternity explained to them.**
- 8) Complete Section V and VI of the VAOP with affidavits of father and mother by obtaining signatures of father, mother, and notary public(s).
- 9) **Matricula Consular Identification Cards:** The Tennessee General Assembly passed a law in 2003 which prohibits acceptance of the Matricula Consular as proof of identity for purpose of obtaining a Tennessee driver's license. **Since the VAOP is a state form, the Matricular Consular is not an acceptable document for verifying the identify of those who sign it.**

Description of the card: The Matricula Consular is a normal ID card size. The seal of Mexico is in the left upper corner and the words 'MEXICO MATRICULA CONSULAR CONSULAR ID CARD' scrolls across the top. The person's photo is on the left side of the card under the word MEXICO. The right side contains the name, birth date, address in the U.S., issue and expiration dates, and the consulate where the card was issued.

- 10) Too many VAOPs are oftentimes signed by parents with a name that is a little different than the name that is printed on the birth certificate and/or on the VAOP. This is acceptable if the parents sign the VAOP with the same signature that appears on their identification (ID) cards, and if the notary public makes a special statement. Three examples follow:
 - a. If the typed VAOP and birth certificate show the mother's name as Jane Elane Wilson Jones and Mother's signature on her ID card reads Jane E. W. Jones and the mother signs like the signature on her ID card, then the notary public should write the following statement on the notary public section of the VAOP: **'The mother's signature is the legally acceptable signature according to her ID card.'**

- b. If the typed VAOP and birth certificate show the father's name as John Henry Jones and the father's signature on his ID card is stylized (scrubbily) and not easy to read and the father signs like the stylized signature on his ID card, then the notary public should write the following special statement on the notary public section of the VAOP: '**The father's signature is the legally acceptable signature according to his ID card.**'
- c. If the typed VAOP and birth certificate show the father's name as Jorge Armando Salvador Hernandez and father's signature on his ID card reads Jorge A. Salvador and the father signs like the signature on his ID card, then the notary public should write the following statement on the notary public section of the VAOP: '**The father's signature is the legally acceptable signature according to his ID card.**'

Note: Many VAOPs show the parent's signature as different from the typed certificate and/or VAOP, or so stylized that the Tennessee OVR cannot determine if it was the parent's legal signature. Be sure that the special notary public statement mentioned in the above No. 10 (a,b,c) appears written on the actual VAOP form. The statement must not be written on an attachment or sticky note and put with the VAOP form. If the above procedure is not followed, the original VAOP form is returned to the birth certificate clerk as a reject until corrected.

- 11) If the new parent is a minor (under 18 years of age), his or her parent or legal guardian must give consent to the completion of the VAOP. The parent or legal guardian must sign Section V and/or Section VI.

Emancipation: If the minor presents the birth certificate clerk with certified court papers declaring freedom (emancipation) from the parent(s), the VAOP may be completed without consent of the minor's parent or legal guardian. See page 81 for information concerning 'Certified Court Order.' The certified court order should be mailed with the birth certificate and VAOP to the Tennessee OVR. The address is on page v.

- 12) Send the completed original VAOP with the original Certificate of Live Birth to the Tennessee OVR.
- 13) Send a copy of the VAOP to the child support office in the county where the mother resides. No exceptions for birth certificates.

Special Note regarding Fetal Deaths: According to T.C.A. § 68-3-504(b), the VAOP may be used with fetal deaths. **The WinEBC must not be used in order to produce the VAOP for the fetal death report.** When the VAOP is used with the Report of Fetal Death (Stillbirth), do not send a copy of the VAOP to the child support agency.

- 14) The facility is not responsible for forwarding a copy of the VAOP to an out of state agency, if the mother resides outside of Tennessee. Tennessee OVR is not responsible for having knowledge of the paternity laws in the other 49 states.
- 15) Provide both the mother and father with copies of the completed and signed VAOP.

In no case should the filing of the child's birth certificate be delayed if the parents request a delay in completing the VAOP past the 10 days after birth.

There are no restrictions in the Vital Records Act concerning the age of the mother and father as long as the minor parent's parent or legal guardian consents to the completion of the VAOP and signs it.

Power of Attorney: A single mother who has power of attorney for her serviceman who is being deployed during war or is overseas cannot use the power of attorney to complete the VAOP.

Question: Can parents complete a VAOP before the child is born (i.e., when the biological father is in the military and will be out of the country at time of birth)?

Answer: The VAOP cannot be signed before the birth and cannot be signed by anyone other than the mother and father.

What should be done if either parent changes his/her mind about using the VAOP, after the form has been accepted in the facility?

POLICY: If the original birth certificate and the original signed and sealed VAOP are still in the facility, regardless of whether the certifier has signed the birth certificate, both original documents must be sent to the Tennessee OVR. The certifier signs the birth certificate. Do not destroy the signed and sealed VAOP.

The parent who desires to rescind (cancel) the VAOP must do so within the 60 day period after the last notarized signature on the VAOP.

The parent can go to the local health department, the local child support office or contact the Tennessee OVR for the rescission form.

See Appendix I, page 135, for the Rescission of Voluntary Acknowledgment of Paternity form and the discussion of the rescinded VAOP that follows on page 91.

The completion of the VAOP is voluntary. If the mother or the named father are not sure who the father is, or are not sure they wish to acknowledge paternity at this time, neither one should sign the VAOP. The Certificate of Live Birth should be prepared giving the child the mother's current legal surname. No man is to be shown as the father.

The VAOP can be submitted to the Tennessee OVR by the parents any time before the child's 19th birthday. At that time, the child's surname may be changed to the father's surname, and the father's name and personal information will be added to the birth certificate.

If the unmarried mother and named father have questions regarding their rights or responsibilities pertaining to the use of the VAOP, the parent may contact the local child support office in the county where the mother resides. The parent may also call the Tennessee Paternity Acknowledgment Program toll free 1-800-457-2165. Do not give the parent the telephone number for the Tennessee OVR when they inquire about their rights or responsibilities.

Rescission of Voluntary Acknowledgment of Paternity

Effective July 1, 1997, the T.C.A. § 24-7-118 allows that either parent who signed a VAOP may rescind (cancel) the acknowledgment within the 60 day period after he or she signed it. See the Rescission of Voluntary Acknowledgment of Paternity form in Appendix I, page 135.

The facility is not responsible for the maintenance of a supply of the rescission forms. However, it is permissible for the facility to have the form for information purposes only. The facility should not give the parent a rescission form, and is not responsible for assisting the parent with the completion of the rescission form.

The parent should not go to the county health department and bring back the rescission form to the birth certificate clerk for purposes of sending it with the original birth certificate and the VAOP to the Tennessee OVR.

The parent may request the rescission form from the county health departments, the child support offices, or the Tennessee OVR. These offices only are to handle the request to rescind the VAOP.

Instructions for completing the rescission form are printed on the back of the form. The rescission form must be received by the Tennessee OVR within 60 days of the date that the VAOP was completed and signed. The fee of \$15.00 is required to be submitted with the Rescission of Voluntary Acknowledgment of Paternity. If more than 60 days have passed since the VAOP was completed, the parent will need to seek court action to change the paternity information.

Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity

The law requires that indigent parents be given the opportunity to submit a Rescission of Paternity form to the Tennessee OVR without the required \$15.00 fee. See Appendix J, page 138, for the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity.

The facility is not responsible for the maintenance of a supply of the affidavit of indigency form. However, it is permissible for the facility to have the form for information purposes only. The facility is not responsible for assisting the parent with the rescission of paternity form. The parent may request the rescission form from the county health departments, the child support offices, or the Tennessee OVR.

When the Tennessee OVR receives the completed Rescission of Voluntary Acknowledgment of Paternity form and the required \$15.00 fee or the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity, the child's birth certificate will be changed to remove the father's name and his personal information. The child's name will be changed, if necessary, to be the same as the mother's legal surname at the time of birth.

If the facility's clients have questions about the use of the Rescission of Voluntary Acknowledgment of Paternity form or the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity form, they may contact the Amendment Unit in the Tennessee OVR at (615) 532-2685.

PART VII
REPORT OF FETAL DEATH (Stillbirth)

REPORT OF FETAL DEATH (Stillbirth)

These instructions pertain to the current September 2006 revision and the previous January 1989 revision of the Tennessee Report of Fetal Death. The current form is shown in Appendix P, page 152. The fetal death information must not be entered into the WinEBC.

Definition of 'fetal death' - According to the T.C.A. § 68-3-102(4), 'fetal death' is death prior to the complete expulsion or extraction from its mother of a product of human conception; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

For definition of 'live birth,' see Appendix A, page 123.

The Report of Fetal Death (Stillbirth) is required for fetal deaths when the weight is 500 grams (approximates 1 lb., 2 oz.) or more regardless of the completed weeks of gestation. When the weight is not known and the completed weeks of gestation are 22 or more, the Report of Fetal Death (Stillbirth) is required to be filed.

T.C.A. § 68-3-504 requires that a fetal death report be filed with the Tennessee OVR within ten (10) days after delivery.

If the dead fetus is delivered in a facility, the person in charge of the facility, or designated representative, is responsible for completing items 1-27, and 29-31. The completed fetal death report should be mailed to the Tennessee OVR. See page v for address.

If the dead fetus was not delivered in a facility, the attending physician at or immediately after delivery is responsible for completing all items and filing the report directly with the Tennessee OVR. See page v for address.

If there is no medical attendant (such as a home delivery), and the dead fetus is brought to the facility, the facility should notify the medical examiner. The medical examiner shall investigate the cause and prepare and file the report with the Tennessee OVR. A midwife or other non-medical person is not to file the report of fetal death.

The completion of item 28 is the responsibility of the attending physician and/or medical examiner or their designated representative.

No Report of Fetal Death (Stillbirth) is needed if the event was a legal intentional termination of pregnancy (induced abortion) with the intention other than to remove a dead fetus. See definition of 'Induced Termination of Pregnancy' in Appendix A, page 123.

The funeral home is not responsible for filing the Report of Fetal Death (Stillbirth).

If the funeral home requests the facility personnel to give a copy of the completed Report of Fetal Death (Stillbirth) for their files or to take a copy to the crematory, and the facility kept a copy of the completed form, the facility personnel should copy Items 1-10 only for the funeral home.

Certified Copies: The parents, and no one else (i.e., attorney) may obtain a certified copy of the Report of Fetal Death (Stillbirth) from the Tennessee OVR. The delivery must be listed on the form as having occurred in the third trimester of pregnancy (defined as 24th week). If the delivery occurred prior to this time, the mother will need to contact the facility's medical records department for information from her chart.

Release of Fetal Remains to Family: According to T.C.A. § 68-3-506(a), "Prior to final disposition of a dead fetus, irrespective of the duration of pregnancy, the funeral director, the person in charge of the institution or other person assuming responsibility for final disposition of the fetus, shall obtain from the parents authorization for final disposition on a form prescribed and furnished or approved by the state registrar."

If there is no local ordinance stating otherwise, it is acceptable for the family to take the body of dead fetus for proper burial. Burial in a family cemetery is acceptable. However, it is the family's responsibility to find out what the local ordinances are in order to be sure there is no prohibition against their burying in the selected area. The parent(s) should sign the form that the facility furnishes. The Tennessee OVR no longer provides the form, however the State Registrar may be asked to approve the facility's form. See Appendix X, pages 180-181, Part I, No. 2 for additional information.

STATE FILE NUMBER The state file number is entered by the Tennessee OVR. Do not write in this space.

FETUS - NAME The form was revised 9/06, and includes the space above Item 1 for Name of Stillborn Child, if Desired by Mother. No provision was made for naming the fetus on the January 1989 form. However, if the parents have given the dead fetus a name, the name may be listed in the empty space immediately above item 1. Do not refuse to accept the name for the dead fetus that has been given.

ABOUT THE FETUS (Items 1-5)

Item 1. FACILITY NAME (If not institution, give street and number)

Enter the full name of the facility where the delivery occurred.

If the delivery occurred on a moving conveyance enroute to or on arrival at a facility, enter the full name of the facility.

If the delivery occurred at home, enter the house number and street name of the place where delivery occurred.

If the delivery occurred at some place other than those described above, enter the number and street name of the location. Specify the place of delivery such as motel or dormitory room.

If the delivery occurred on a moving conveyance that was not enroute to a facility, enter as the place of delivery the name of facility or the address where the dead fetus was first removed from the conveyance.

Purpose of Item: This information is used to study relationships of facility and non-facility pregnancy termination. Information on place of delivery, together with residence information, provides data to evaluate the utilization and distribution of health services.

Item 2. SEX OF FETUS

Enter 'Male,' 'Female,' or 'Unknown' if a determination is not possible. Do not abbreviate or use other symbols. Do not leave this item blank.

Purpose of Item: This information is used to measure fetal and perinatal mortality by sex. It helps identify differences in the impact of environmental and biological factors between the sexes.

Item 3. DATE OF DELIVERY (*Month, Day, Year*)

Enter the month, day, and year the fetus was delivered.

Enter the full name of the month; January, February, March, etc. Do not use a number or abbreviation to designate the month.

Pay particular attention to the entry of month, day, or year when the delivery occurs around midnight or on December 31. Consider a delivery at midnight to have occurred at the end of one day rather than the beginning of the next day.

Purpose of Item: This item is used in conjunction with date last normal menses began to calculate length of gestation, which is an essential element in the study of low-birth-weight deliveries.

Item 4. CITY, TOWN, OR LOCATION OF DELIVERY

Enter the name of the city, town, or location where the delivery occurred. For deliveries occurring on a moving conveyance, enter the city, town, or location where the dead fetus was first removed from the conveyance.

Item 5. COUNTY OF DELIVERY

Enter the name of the county where the delivery occurred. For deliveries occurring on a moving conveyance, enter the county where the dead fetus was first removed from the conveyance.

If a dead fetus is found in Tennessee and the place of fetal death is unknown, the fetal death should be registered in Tennessee. The county where the fetus was found should be considered the place of fetal death.

Purpose of Item: Information from items 1 and 4-5, together with residence information, provides data to evaluate the utilization and distribution of health services.

ABOUT THE PARENTS (Items 6-14)**Item 6a. MOTHER'S NAME (*First, Middle, Last*)**

Enter the first, middle, and last name of the mother.

This is the mother's current legal name at the time of this delivery, whatever she considers it to be (i.e., Gayle Sue Smith or Gayle Jones Smith or Gayle J. Smith or Gayle Smith).

Item 6b. MAIDEN SURNAME

Enter the last name of the mother as given at birth or adoption, not a name acquired by marriage.

Do not leave blank even though it is the same last name as in item 6a. Entries of 'None,' 'Same,' and 'N/A' are not acceptable.

Purpose of Item: The mother's name is used to identify the record. The maiden surname is important for matching the record with other records because maiden surname remains constant throughout a lifetime, in contrast to other names, which may change because of marriage or divorce.

Item 7. MOTHER'S DATE OF BIRTH (*Month, Day, Year*)

Enter the month, day, and year that the mother was born. Do not enter the mother's age.

Enter the full name of the month; January, February, March, etc. Write out the month.

Do not use a number or abbreviation to designate the month.

If the year is unknown, or if no information is available, enter 'unknown.'

Purpose of Item: This item is used to calculate the age of the mother, which is one of the most important factors in the study of childbearing and pregnancy outcome.

Items 8a-f MOTHER'S RESIDENCE

Tennessee is bordered by eight states. Care should be exercised in interviewing the mother and entering correct state and county names in items 8a and 8b.

These items refer to the mother's residence address, not her postal address.

Do not include post office boxes or rural route numbers.

The mother's residence is the place where the mother actually resides. The state, county, city, and street address should be the place where the mother's house is located.

Do not enter a temporary residence, such as one used during a visit, business trip, or vacation. Residence for a short time at the home of a relative or friend for the purpose of awaiting the delivery is considered temporary and should not be entered here.

Place of residence during a tour of military duty or during attendance at college should be entered as the place of residence.

For mothers who live in a group home, mental institution, penitentiary, or facility for the chronically ill, enter the location of the facility as the mother's residence.

Enter all of the address that is known. For example, a homeless woman could only have a city, county and state entered.

Item 8a. RESIDENCE - STATE

Enter the name of the state in which the mother lives. The two-letter abbreviation for the state may be used. See Appendix M and M2, pages 144-145, for the standard abbreviation. This may differ from the state in the mailing address.

If the mother is not a U.S. resident, enter the name of the country and the name of the nearest unit of government that is the equivalent of a State.

The state named in item 8a must agree with the county in Item 8b.

Item 8b. RESIDENCE - COUNTY

Enter the name of the county where the mother's house is located.

The county named must agree with the state in Item 8a.

Item 8c. RESIDENCE - CITY, TOWN, OR LOCATION

Enter the name of the city, town, or location where the mother lives. This may differ from the city, town, or location in her mailing address.

Item 8d. RESIDENCE- STREET AND NUMBER OR RURAL LOCATION

Enter the number and street name of the place where the mother lives.

If this location has no number and street name, enter the rural route number, name of road, P.O. box number, highway number, etc. that will aid in identifying the location.

Item 8e. RESIDENCE - INSIDE CITY LIMITS? 1 Yes 2 No

Check 'Yes' if the location entered in item 8c is incorporated, and the mother's residence is inside its boundaries. Otherwise, check 'No'.

Item 8f. RESIDENCE - ZIP CODE

Enter the ZIP Code of the place where the mother resides.

Purpose of Items: Statistics on fetal deaths are tabulated by place of the residence of the mother. These data are used in planning for and evaluating community services and facilities, including maternal health programs. ZIP Code information may be used for environmental impact studies for small geographic areas.

Item 9. FATHER'S NAME (*First, Middle, Last*)

Enter the first, middle, and last name of the father.

Entries of Jr., Sr., II, etc. following the last name are acceptable.

In general, if the fetus was delivered to a mother who was married at the time of delivery, conception or at anytime between to the natural father, enter the name of her husband.

If the mother is not married, and the natural father is named, the VAOP may be used. This is the same form that is used for birth certificates. **The WinEBC must not be used in order to produce the VAOP for the fetal death report.**

According to T.C.A. § 68-3-504(b), all personal data pertaining to the father may be shown. The information for the VAOP must either be typed or handwritten. The original VAOP should be submitted at the same time as the original fetal death report.

For information concerning the use of the VAOP with the Report of Fetal Death (Stillbirth), refer to the guidelines for child's name on the birth certificate beginning on page 25.

A supply of blank VAOP forms should be maintained by the birth certificate clerk.

The father's name is used to identify the record.

Item 10. FATHER'S DATE OF BIRTH (Month, Day, Year)

Enter the month, day, and year that the father was born. Do not enter the father's age.

Enter the full name of the month; January, February, March, etc. Write out the month. Do not use a number or abbreviation to designate the month.

Make no entry if the father's name is not entered in item 9.

Purpose of Item: This item is used to calculate the age of the father, which is important in the study of childbearing. For example, it is used to study the association between congenital anomalies and children of older parents.

**Items 11a and 11b PARENTS' RACE-American Indian, Black, White, etc.
(Specify below)**

Item 11a. MOTHER

Item 11b. FATHER

Enter the race of the mother and race of the father as obtained from the parent(s).

This item should be completed for the mother on all fetal death reports and for the father in all cases where the name of the father is entered in Item 9.

The entry in this item should reflect the response of the parent(s); it should not be based on observation.

See Appendix O, page 147, for a listing of Race-Other Entries Reported on Certificates and Reports. If the mother or father reports their race to be one of the races in this listing, enter the race as reported.

For Asians and Pacific Islanders, enter the national origin of the mother and father, such as Chinese, Japanese, Korean, Filipino, or Hawaiian.

If the parent indicates that the mother and/or father is of mixed race, enter the races or ancestries. 'Bi-racial' is an acceptable entry.

Do not use a single letter such as 'C' or 'A. Indian.' Neither sufficiently identifies race. Spell out the name of race.

Make no entry in item 11b if the father's name is not entered in item 9.

Purpose of Item: Information of race is essential in producing data for minority groups. It is used to study racial variations in childbearing, access to health care and the pregnancy outcomes (perinatal mortality and birth weight). Race is an important variable in planning for, and evaluating the effectiveness of health programs.

Items 12a-b PARENTS OF HISPANIC ORIGIN?

(Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes 0 No
Specify:

Item 12a. MOTHER

Item 12b. FATHER

Check 'Yes' or 'No.' If 'Yes' is checked, enter the specific Hispanic group as obtained from the parent(s).

Item 12a should be checked for the mother on all fetal death reports, and for the father in all cases where the name of the father is entered in Item 9. The entry in this item should reflect the response of the parent(s).

This item is not a part of the Race item. A person of Hispanic origin may be of any race. Each question, Race and Hispanic origin, should be asked independently.

See Appendix N, page 146, for a listing of Hispanic Origin-Other Entries Reported on Certificates and Report.

For the purposes of this item, 'Hispanic' refers to those people whose origins are from Spain, Mexico, or the Spanish-speaking countries of Central or South America. Origin can be viewed as the ancestry, nationality, lineage, or country in which the person or his or her ancestors were born before their arrival in the United States.

If a person indicates that he or she is of multiple Hispanic origin, enter the origins as reported (for example, Mexican-Puerto Rican).

If a person indicates that he or she is Mexican-American or Cuban-American, enter the Hispanic origin as stated.

Make no entry in item 12b if the father's name is not entered in item 9.

Purpose of Item: Hispanics are the nation's largest minority group. This item provides data to measure differences in fertility and pregnancy outcome as well as variations in health care for people of Hispanic and non-Hispanic origin. Collection of data on persons of Hispanic origin makes it possible to obtain valid demographic and health information on this important group of Americans.

Items 13a-b PARENTS' EDUCATION *(Specify only highest grade completed)*
Elementary/Secondary (0-12) College (1-4 or 5+)

Item 13a. MOTHER

Item 13b. FATHER

Enter the highest number of years of regular schooling completed by the mother and father in either the space for elementary/secondary school or the space for college. An entry should be made in only one of the spaces. The other space should be left blank.

If no information is available, enter 'unknown.' If the information is absolutely refused, enter Refused.

Make no entry in item 13b if the father's name is not entered in item 9.

Report only those years of school that were completed. A person who enrolls in college but does not complete one full year should not be identified with any college education in this item.

Count formal schooling. Do not include beauty, barber, trade, business, technical, or other special schools when determining the highest grade completed.

Do not make entries such as '(0-8)', '(0-12)', etc. in elementary/secondary or "(1-4)" in college. Enter the highest grade (i.e., either 8 for eighth grade, or 3 for three years of college).

Do not enter degrees obtained, e.g., 'A.A.', 'B.S.', 'M.B.A.', 'Ph.D.', etc.

GED is equivalent to 12 years of school. Enter 12 years only.

Purpose of Item: Education is correlated with fertility and birth outcome, and is used as an indicator or socioeconomic status. It is used to measure the effect of education and socioeconomic status on health, childbearing, and infant mortality.

Items 14a-d PARENTS' OCCUPATION AND BUSINESS/INDUSTRY
(Worked during last year)

Enter the information even if the parent(s) was retired, disabled, or institutionalized at the time of this delivery.

Both occupation and business/industry items on the fetal death report should accurately describe the parents' occupation. See Appendix Q, page 153, for illustrations of acceptable entries for both.

Item 14a. MOTHER - OCCUPATION

Item 14c. FATHER - OCCUPATION

Enter the occupation of the parent(s) during the last year. The occupation is the kind of work the parents(s) did during most of the previous year, such as claim adjuster, farmhand, coal miner, homemaker, janitor, store manager, college professor, or civil engineer. Even if the mother resigned her employment early in the pregnancy, that occupation should be reported.

Make no entry in item 14c if the father's name is not entered in item 9.

If the mother did not work outside her home in the previous 12 months, report her occupation as 'Homemaker' and her industry (item 14b) as 'Own home.' If the father did not work during the previous 12 months, report his occupation as 'Unemployed' and the industry (item 14d) as 'None.' In determining which occupation to report for a parent who held more than one job during the year, give the occupation held during the pregnancy. If both jobs were held during the pregnancy, give the occupation worked for the longest length of time.

Enter 'Student' if the parent(s) was a student, and was never regularly employed or employed full time during the year prior to delivery.

Item 14b. MOTHER – BUSINESS/INDUSTRY

Item 14d. FATHER – BUSINESS/INDUSTRY

Enter the kind of business or industry to which the occupation listed in items 14a and/or 14c was related, such as insurance, farming, coal mining, hardware store, retail clothing, university, or government. Do not enter firm or organization names.

Make no entry in item 14d if the father's name is not entered in item 9.

Purpose of Item: Information from these items is useful in studying occupationally related fetal mortality and in identifying job-related risk areas. These items are used to obtain information on the potential impact of the work environment on the fetus.

MEDICAL AND HEALTH INFORMATION (Items 15-27)

Items 15a-e PREGNANCY HISTORY (Complete each section)

When birth certificates or fetal death reports are prepared for a plural delivery, items 15a-e on the first-delivered should not include any of the other deliveries from this pregnancy. For example, if this child is a first twin, information regarding the second twin is not to be recorded in items 15a-e. On the birth certificate or fetal death report of the second-delivery, these items should include information about the first-delivery of the plural delivery. Similarly, for the third-delivery, these items should include information about the first- and second-deliveries, and so on.

Items 15a-c LIVE BIRTHS

Item 15a. Now Living Number _____ 00 **None**

Enter the number of live births which occurred to this mother prior to this delivery who are still living at the time of this delivery. Do not include children by adoption.

Check 'None' if this is the first delivery to this mother or if all previous children are dead.

Item 15b. Now Deceased Number _____ 00 **None**

Enter the number of live births which occurred to this mother prior to this delivery who are no longer living at the time of this delivery. Do not include any children by adoption.

Check 'None' if this is the first delivery to this mother or if all previous children are still living.

Item 15c. DATE OF LAST LIVE BIRTH (Month, Year)

Enter the date (month and year) of birth of the last live-born child of the mother.

If this report is for the second delivery of a twin set, enter the date of birth for the first baby of the set, if it was born alive. Similarly, for triplets or other multiple births, enter the date of birth of the previous live birth of the set. If all previously born members of a multiple set were born dead, enter the date of the mother's last delivery that resulted in a live birth.

Enter 'None' if the mother has not had a previous live birth. Do not leave this item blank.

Enter the full name of the month; January, February, March, etc. Spell out or abbreviate the month. Do not use a number to designate the month.

Items 15d-e OTHER TERMINATIONS *Any time after conception
(Do not include this fetus)*

Item 15d. Number 00 None

Enter the number of fetuses that were delivered dead regardless of the length of gestation. Include each recognized loss of a product of conception, such as ectopic pregnancy, miscarriage, stillbirth, and spontaneous or induced abortion. Do not include this fetus.

Check 'None' if this is the first pregnancy for this mother or if all previous pregnancies resulted in live-born infants.

Item 15e. DATE OF LAST OTHER TERMINATION (Month, Year)

Enter the date (month and year) of the last termination of pregnancy that was not a live birth regardless of the length of gestation.

If the mother has never had such a termination, enter 'None.' Do not leave this item blank.

Enter the full name of the month; January, February, March, etc. Spell out or abbreviate the month. Do not use a number to designate the month.

If this report is for the second delivery of a twin set and the first was born dead, enter the date of delivery of that fetus. Similarly, for other multiple births, if any previous member of the set was born dead, enter the date of delivery of that fetus. If all previously born members of a multiple set were born alive, enter the date of the mother's last delivery that resulted in a fetal death.

Purpose of Items: These items are used to determine total-birth order, which is important in studying trends in childbearing and child spacing. They are also useful in studying health problems associated with birth order. For example, first births to older women, and determining the relationship of birth order to perinatal mortality.

In studying child spacing, the dates of last live birth and other terminations are used to compute the intervals between live births and fetal deaths and between pregnancies. This information allows researchers to measure known risk factors associated with the mother's previous pregnancies, such as prior fetal loss, short interpregnancy interval, and high parity.

Item 16. MOTHER MARRIED TO FATHER?

(At delivery, conception, or any time between) 1 Yes 2 No

Enter 'Yes' if the mother was married to the father (her husband) at the time of conception, at the time of delivery, or at any time between conception and delivery.

If the mother is married (this includes separation), and a man other than her husband is the natural father, enter 'Yes.' The VAOP cannot be used for this fetus.

Purpose of Item: This information is used to monitor the substantial differences in health and fertility between married and unmarried women. It enables the study of health problems encountered during and after pregnancies of unmarried women. Unmarried women are more likely to require additional health services.

Item 17. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)

Enter the complete date (month, day, and year) of the beginning of the mother's last normal menstrual period, as obtained from the physician or facility record. If the information is unavailable from these sources, obtain it from the mother.

When records are not available for date last normal menses began, obtain the information from the mother. Work with the mother to remember the year, then work with her to recall the month. Finally, see if she can remember the day. Record that information for date last normal menses began.

If the mother is unable to supply the information, complete all parts of the date that are available; leave the rest blank.

Enter the full name of the month; January, February, March, etc. Spell out or abbreviate the month. Do not use a number to designate the month.

Enter 'Unknown' if the complete data cannot be determined. Do not leave this item blank.

Purpose of Item: This item is used in conjunction with the date of delivery to determine the length of gestation, which is closely related to infant morbidity and mortality. Length of gestation is linked with the weight of the fetus to determine the maturity of the fetus.

Items 18-19 PRENATAL CARE

Item 18. MONTH OF PREGNANCY PRENATAL CARE BEGAN

First, Second, Third, etc. Specify: _____
00 No care

Enter the month of this pregnancy (second, third, fourth, etc.) when the mother first visited a physician, a local health department clinic, or other health care provider or attended a prenatal clinic for medical supervision of this pregnancy (e.g., 1, 2, 3, etc.). Prenatal care from any and all of these sources should be counted.

Do not enter the name of a month, e.g., January, February, etc., or the number of months. Do not enter the number of weeks.

The month of pregnancy in which prenatal care began is measured from the date the last normal menses began, and not from the date of conception.

If no prenatal care was received, check 'No Care.' If item 19 (prenatal visits) is reported as 'None,' item 18 should be completed as 'No Care.' Do not leave item blank.

Item 19. PRENATAL VISITS Number _____ 00 No care

Enter the total number of visits made for medical supervision of the pregnancy by a physician, local health department clinic, or other health care provider during the pregnancy.

If no prenatal care was received, enter 'None.' If item 18 (month of pregnancy prenatal care began) is reported as 'None,' this item should also be completed as 'None.' Do not leave this item blank.

Purpose of Item: This information is used to determine the relationship of prenatal care to the outcome of the pregnancy.

Item 20. WEIGHT OF FETUS (Specify Unit)

Enter the weight of this fetus as it is recorded in the facility record in either grams or pounds and ounces. Do not convert from one measure to the other. Specify the type of measure used (grams or pounds and ounces).

Note: If the weight of fetus is less than 500 grams (approximates 1 lb. 2 oz.), do not complete the Report of Fetal Death (Stillbirth).

Purpose of Item: This is the single most important characteristic associated with viability of the fetus. It is also related to prenatal care, socioeconomic status, marital status, and other factors surrounding the delivery. Consequently, it is used with other information to plan for and evaluate the effectiveness of health care.

Item 21. CLINICAL ESTIMATE OF GESTATION (Weeks)

Enter the length of gestation in weeks. This is the length of gestation as estimated by the attendant after delivery. Do not compute this information from the date last normal menses began and date of delivery.

If the attendant has not done a clinical estimate of gestation, enter 'None.' Do not leave this item blank.

Note: If the weight of fetus is not known, and the estimate of weeks is less than 22, do not complete the Report of Fetal Death (Stillbirth).

Purpose of Item: This item provides information on gestational age when the item on date last normal menses began contains invalid or missing information. For a record with a plausible date last normal menses began, it provides a cross-check with length of gestation based on ultrasound or other techniques.

Items 22a-b PLURALITY - BIRTH ORDER

When a plural delivery occurs, prepare and file a separate Certificate of Live Birth or Report of Fetal Death (Stillbirth) for each child or fetus. File birth certificates or fetal death reports relating to the same plural delivery at the same time, or attach a note to the fetal death report indicating the whereabouts of the birth certificate.

Item 22a. PLURALITY - Single, Twin, Triplet, etc. (Specify)

Specify if this delivery was single, twin, Siamese twin, triplet, quadruplet, etc.

Item 22b. IF NOT SINGLE BIRTH - Born First, Second, Third, etc. (Specify)

Specify the order in which the fetus being reported was delivered; first, second, etc.

If this is a single delivery, leave the item blank.

If these are Siamese twins, enter "simultaneous."

Purpose of Items: These items are related to other items on the fetal death report (for example, period of gestation and weight of fetus) that have important health implications. The occurrence of plural deliveries is related to the age of the mother and birth order. Survival differences related to order of delivery exist for multiple births.

Items 23-27 MEDICAL AND HEALTH INFORMATION - CHECKBOX ITEMS

Review each checkbox listed, and carefully check the appropriate box(es).

Do not enter IUFD (intra-uterine fetal demise) anywhere in items 23-27.

Before entering any free text on the 'Other' line for items 23a, 23b, 24, 25, and 27, the facility personnel should be familiar with the checkbox items in order that no duplicated conditions will be reported.

See Appendix R, page 155, for a listing of definitions for the medical items and synonyms. While the conditions in the listing were originally abstracted from a resource for medical definitions for conditions on birth certificates, the definitions are applicable, when appropriate, for the Report of Fetal Death.

The number(s) printed to the left of each checkbox is a code number the data entry operator will use for the respective response.

Items 23 a-b RISK FACTORS FOR THIS PREGNANCY

Items 23a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

Anemia (Hct. <30/Hgb. <10)	01	<input type="checkbox"/>
Cardiac disease	02	<input type="checkbox"/>
Acute or chronic lung disease	03	<input type="checkbox"/>
Diabetes	04	<input type="checkbox"/>
Active genital herpes	05	<input type="checkbox"/>
Hydramnios	06	<input type="checkbox"/>
Oligohydramnios	07	<input type="checkbox"/>
Hemoglobinopathy	08	<input type="checkbox"/>
Hypertension, chronic	09	<input type="checkbox"/>
Hypertension, pregnancy-induced	10	<input type="checkbox"/>
Eclampsia	11	<input type="checkbox"/>
Incompetent cervix	12	<input type="checkbox"/>
Previous infant 4000 + grams (8 lbs. 14 oz.+)	13	<input type="checkbox"/>
Previous preterm infant (less than 37 wks)	14	<input type="checkbox"/>
Previous small-for-gestational-age infant	15	<input type="checkbox"/>

Renal disease	16	<input type="checkbox"/>
Rh sensitization	17	<input type="checkbox"/>
Uterine bleeding	18	<input type="checkbox"/>
None	00	<input type="checkbox"/>
Other _____	19	<input type="checkbox"/>

Check each of the medical risk factors that the mother experienced during this pregnancy. If the mother experienced medical risk factor(s) not identified in the list; for example, pre-eclampsia, rubella, AIDS, gonorrhea, or syphilis, check 'Other' and enter the risk factor on the line provided. Medical risk factors should be identified from the facility record or physician record.

If there were no medical risk factors, check 'None.' Do not leave this item blank.

Purpose of Item: This information allows for the identification of specific maternal conditions that are often predictive of poor maternal and infant outcome. It can be used for planning intervention and prevention strategies.

Item 23b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

Tobacco use during pregnancy 1 Yes 2 No
Average number cigarettes per day _____

Alcohol use during pregnancy 1 Yes 2 No
Average number drinks per week

Weight gained during pregnancy

Other

(Specify)

each of the three questions/s

Complete each of the three questions/statements in this item. Do not leave any item blank.

Check 'Yes' for tobacco use if the mother smoked tobacco at any time during the pregnancy. If 'Yes' is checked, specify the average number of cigarettes the mother smoked per day during her pregnancy. If, on the average, she smoked less than one cigarette per day, enter 'Less than 1.' Check 'No' if the mother did not smoke during the entire pregnancy. If 'No' is checked, do not make any entry on the line requesting the average number of cigarettes per day.

Check 'Yes' for alcohol use if the mother consumed alcoholic beverages at any time during the pregnancy. Check 'No' if the mother did not consume any alcoholic beverages during the entire pregnancy. If 'Yes' is checked, specify the average number of drinks she consumed per week. One drink is equivalent to 5 ounces of wine, 12 ounces of beer, or 1 1/2 ounces of distilled liquor. If, on the average, she drank less than one drink per week, enter 'Less than 1.' If 'No' is checked, do not make any entry on the line requesting the average number of drinks per week.

Enter the amount of weight gained by the mother during the pregnancy in pounds. Do not enter the total weight of the mother. If no weight was gained, enter "None." If the mother lost weight during her pregnancy, enter the amount of weight lost (for example, 'lost 10 pounds').

Purpose of Item: Information for this item should be obtained from the mother's medical chart or the physician. If the medical chart is not available or does not include this information, and the physician is unavailable, the mother should be asked to respond to these items.

Smoking and drinking during pregnancy may have an adverse impact on pregnancy outcome. This information is used to evaluate the relationship between certain lifestyle factors and pregnancy outcome, and to determine at what levels these factors clearly begin to affect pregnancy outcome.

Item 24. OBSTETRIC PROCEDURES (Check all that apply)

Amniocentesis	01	<input type="checkbox"/>
Electronic fetal monitoring-internal	02	<input type="checkbox"/>
Electronic fetal monitoring-external	03	<input type="checkbox"/>
Induction of labor	04	<input type="checkbox"/>
Stimulation of labor	05	<input type="checkbox"/>
Tocolysis	06	<input type="checkbox"/>
Ultrasound	07	<input type="checkbox"/>
Chorionic villus sampling	08	<input type="checkbox"/>
None	00	<input type="checkbox"/>
Other (Specify) _____	09	<input type="checkbox"/>

Check each type of procedure that was used during this pregnancy. More than one procedure may be checked. If a procedure was used that is not identified in the list, check 'Other' and specify the procedure on the line provided. If no procedures were used, check 'None.' Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Purpose of Item: Information on obstetric procedures is used to measure the use of advanced medical technology during pregnancy and labor, and to investigate the relationship of these procedures to type of delivery and pregnancy outcome.

Item 25. COMPLICATIONS OF LABOR AND/OR DELIVERY*(Check all that apply)*

Febrile (>100°F. or 38°C)	01	<input type="checkbox"/>
Meconium, moderate/heavy	02	<input type="checkbox"/>
Premature rupture of membranes (>12 hrs. ≤ 24 hrs.)	03	<input type="checkbox"/>
Prolonged rupture of membranes (> 24 hrs. prior to del.)	04	<input type="checkbox"/>
Abruption placenta	05	<input type="checkbox"/>
Placenta previa	06	<input type="checkbox"/>
Other excessive bleeding	07	<input type="checkbox"/>
Seizures during labor	08	<input type="checkbox"/>
Precipitous labor (<3 hours)	09	<input type="checkbox"/>
Prolonged labor (>20 hours)	10	<input type="checkbox"/>
Dysfunctional labor	11	<input type="checkbox"/>
Breech	12	<input type="checkbox"/>
Malpresentation	13	<input type="checkbox"/>
Cephalopelvic disproportion	14	<input type="checkbox"/>
Cord prolapse	15	<input type="checkbox"/>
Anesthetic complications	16	<input type="checkbox"/>
Fetal distress	17	<input type="checkbox"/>
None	00	<input type="checkbox"/>
Other _____	18	<input type="checkbox"/>

(Specify)

Check each medical complication present during labor and/or delivery. Check complications here even if they are a part of the cause of fetal death in item 28. If a complication was present that is not identified in the list, check 'Other' and specify the complication on the line provided. If there were no complications, check 'None.' Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Purpose of Item: These data are used to identify pregnancy complications during labor and delivery that were associated with fetal deaths and their relationship to method of delivery and birth outcome.

Item 26. METHOD OF DELIVERY *(Check all that apply)*

Vaginal	01	<input type="checkbox"/>
Vaginal birth after previous C-section	02	<input type="checkbox"/>
Primary C-section	03	<input type="checkbox"/>
Repeat C-section	04	<input type="checkbox"/>
Forceps	05	<input type="checkbox"/>
Vacuum	06	<input type="checkbox"/>
Hysterotomy	07	<input type="checkbox"/>
Hysterectomy	08	<input type="checkbox"/>

Check the method of delivery of the fetus. If more than one method was used, check all methods that apply to this delivery. Do not leave this item blank. This information should be obtained from the mother's medical chart or the physician.

Purpose of Item: This information is used to relate the method of delivery with birth outcome, to monitor changing trends in obstetric practice, and to determine which groups of women are most likely to have cesarean delivery. The method of delivery is relevant to the health of mothers, especially if it is by cesarean section. Information from this item can be used to monitor delivery trends across the United States.

Items 27. CONGENITAL ANOMALIES OF FETUS (Check all that apply)

Anencephalus	01	<input type="checkbox"/>
Spina bifida/Meningocele	02	<input type="checkbox"/>
Hydrocephalus	03	<input type="checkbox"/>
Microcephalus	04	<input type="checkbox"/>
Other central nervous system anomalies (Specify) _____	05	<input type="checkbox"/>
Heart malformations	06	<input type="checkbox"/>
Other circulatory/respiratory anomalies (Specify) _____	07	<input type="checkbox"/>
Rectal atresia/stenosis	08	<input type="checkbox"/>
Tracheo-esophageal fistula/Esophageal atresia	09	<input type="checkbox"/>
Omphalocele/Gastroschisis	10	<input type="checkbox"/>
Other gastrointestinal anomalies (Specify) _____	11	<input type="checkbox"/>
Malformed genitalia	12	<input type="checkbox"/>
Renal agenesis	13	<input type="checkbox"/>
Other urogenital anomalies (Specify) _____	14	<input type="checkbox"/>
Cleft lip/palate	15	<input type="checkbox"/>
Polydactyly/Syndactyly/Adactyly	16	<input type="checkbox"/>
Club foot	17	<input type="checkbox"/>
Diaphragmatic hernia	18	<input type="checkbox"/>
Other musculoskeletal/integumental anomalies (Specify) _____	19	<input type="checkbox"/>
Down syndrome	20	<input type="checkbox"/>
Other chromosomal anomalies (Specify) _____	21	<input type="checkbox"/>
None	00	<input type="checkbox"/>
Other _____ (Specify) _____	22	<input type="checkbox"/>

The information for this item should be obtained from the medical chart or the physician.

Check each anomaly of the fetus even if the condition is a 'possible' anomaly. The checklist of anomalies is grouped according to major body systems. If an anomaly is present that is not identified in the list, check 'Other' and specify the anomaly on the line provided.

Note that each group of system-related anomalies includes an 'Other' category for anomalies related to that particular system. If there is a question as to whether the anomaly is related to a specific system, enter the description of the anomaly in 'Other' (Specify) at the bottom of the list (check box 27).

If there are no congenital anomalies of the fetus, check 'None.' Do not leave this item blank.

Purpose of Item: Information on congenital anomalies is used to identify health problems that would have required medical care had the infant been born alive. It is important for monitoring the incidence of these conditions among all known products of conception. Collection of this information is also necessary to study unusual clusters of selected anomalies and track trends among different segments of the population.

CAUSE OF FETAL DEATH (Item 28)

Detailed instructions for completing the section on cause of fetal death, together with examples of properly completed records, are contained in Part VIII beginning on page 117. These items should be completed by the person whose name appears in item 30. **Do not leave cause of fetal death blank.**

PART I. CAUSE OF FETAL DEATH

Enter on line (a) the fetal or maternal condition directly causing the fetal death. Enter on lines (b) and (c) fetal and/or maternal conditions, if any, that gave rise to the immediate cause on line (a), stating the underlying cause last. Also, specify whether the condition was fetal or maternal.

PART II. OTHER SIGNIFICANT CONDITIONS

Enter any conditions contributing to the fetal death but not resulting in the underlying cause listed in Part I.

Cause of fetal death should include information provided by the pathologist if an autopsy or other type of postmortem exam was done. If microscopic exams for a fetal death are still pending at the time the report is filed, the attendant whose name appears in Item 30 should report the additional information in a notarized affidavit to the Tennessee OVR as soon as it is available.

Purpose of Item: This item provides medical information for ranking causes of fetal death and for analyzing the conditions leading to fetal death. Information on cause of fetal death is correlated with information from other items on the report, such as length of gestation and prenatal care.

Item 29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)

Indicate when the fetus died by specifying one of the above choices. The physician makes the decision if there is any question concerning whether the event is determined to be a fetal death or a live birth.

See Appendix A, page 123, for definitions of 'live birth' and 'fetal death.'

Purpose of Item: This item is used as a check to ensure that the delivery was properly reported as a fetal death and was not a live birth.

Item 30. ATTENDANT'S NAME AND TITLE (Type/Print)

Name _____

1 MD 2 DO 3 CNM 4 Other Midwife
5 Other (Specify) _____

Type or print the full name of the physician, medical examiner, or other person in attendance at this delivery on the line provided and check the appropriate box to identify his or her title. MD = doctor of medicine, DO = doctor of osteopathy, CNM = certified nurse midwife. Lay midwives should be identified as 'Other Midwife.' If Other (Specify) is checked, type or print the title of the attendant on the line provided.

It is not required that the attendant sign in Item 30. If he or she requests to sign, that is acceptable. He/she needs to be reminded that the original Report of Fetal Death (Stillbirth) should be filed with the Tennessee OVR within 10 days after the delivery.

Purpose of Item: This item identifies the person to be contacted and queried for missing medical information. Additionally, the type of attendant is used to assess the service rendered and quality of care.

Item 31. NAME AND TITLE OF PERSON COMPLETING REPORT (Type/Print)

Name _____
Title _____

Type or print the full name and title of the person completing the report of fetal death.

Note: It is important that this item be completed. It identifies the person to be contacted for missing information.

PART VIII
CAUSE OF FETAL DEATH (Stillbirth)
INSTRUCTIONS FOR COMPLETING

CAUSE OF FETAL DEATH (Stillbirth) - INSTRUCTIONS FOR COMPLETING

The primary responsibility of the medical attendant whose name appears in Item 30 of the fetal death report is to complete the cause of fetal death or designate a representative to do so. If there was no medical attendant, the county medical examiner shall investigate the cause and file the report. In addition to entering information on the causes of fetal death, this person should also see that the time, date, and place of fetal death are correctly entered. He or she should also check the medical and health information in the report.

Item 28. CAUSE OF FETAL DEATH (Stillbirth)

A facsimile of the section on cause of fetal death of the fetal death report is shown below. It is designed to facilitate reporting of the causes of fetal death and places upon the medical attendant the responsibility of indicating the course of events leading to the fetal death. He or she is the best person to decide which of several conditions was directly responsible for the fetal death and what antecedent conditions, if any, gave rise to the immediate cause. For statistical and research purposes, it is important that the reporting of the medical information on the fetal death report be specified as precisely as possible.

CAUSE OF FETAL DEATH	28.	Enter only one cause per line for a, b, and c.	
	<p>PART I. Fetal or maternal condition directly causing fetal death.</p> <p>Fetal and/or maternal conditions if any, giving rise to the immediate cause(s), stating the underlying cause last.</p> <p>PART II. <u>Other significant conditions</u> of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I.</p>		
IMMEDIATE CAUSE		Specify Fetal or Material	
a. _____ DUE TO (OR AS A CONSEQUENCE OF):		Specify Fetal or Material	
b. _____ DUE TO (OR AS A CONSEQUENCE OF):		Specify Fetal or Material	
c. _____		29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify)	

As can be seen, the section on cause of fetal death consists of two parts. Part I is for reporting the sequence of events leading to the fetal death, proceeding backward from the immediate cause of fetal death. In Part II, other significant contributory conditions to the fetal death are reported. In reporting the causes of fetal death, conditions in the fetus or mother, or of the placenta, cord, or membranes, should be reported if they are believed to have adversely affected the fetus. Cause of fetal death should include information provided by the pathologist if tissue analysis, autopsy, or another type of postmortem exam was done. If microscopic exams for a fetal death are still pending at

the time the report is filed, the additional information should be reported to the Tennessee OVR as soon as it is available. If you have any questions about the procedures for doing this, contact the Tennessee OVR.

Item 28. PART I - CAUSE OF FETAL DEATH

Only one cause is to be entered on each line of Part I. Additional lines should be added when necessary. For each cause, indicate in the space provided whether the condition was fetal or maternal. The underlying cause of fetal death should be entered on the lowest line used in Part I. The underlying cause of fetal death is the condition that started the sequence of events between normal health of the mother or fetus and the immediate cause of fetal death.

Item 28. LINE (a) IMMEDIATE CAUSE

In Part I, the immediate cause of fetal death is reported on line (a). This is the fetal or maternal disease or condition directly causing the fetal death. An immediate cause of fetal death must always be reported and entered on line (a). It can be the sole entry in the cause of fetal death section if that condition was the only condition causing the fetal death.

Item 28. LINES (b) AND (c) DUE TO (OR AS A CONSEQUENCE OF)

On line (b) report the disease, injury, or complication, if any, that gave rise to the immediate cause of fetal death. If this, in turn, resulted from another condition, record that condition on line (c). The underlying cause of fetal death should be reported on the lowest used line in Part I.

The words 'due to (or as a consequence of),' which are printed between the lines of Part I, apply not only to sequences with an etiological or pathological basis but also the sequences where an antecedent condition is believed to have prepared the way for the more immediate cause by damage to tissues or impairment of function.

SPECIFY FETAL OR MATERNAL

Space is provided at the end of each line in Part I for recording whether the condition was 'Fetal' or 'Maternal.' This should be entered for all conditions.

Item 28. PART II - CAUSE OF FETAL DEATH (OTHER SIGNIFICANT CONDITIONS)

Record on these lines other important diseases or conditions in the fetus or mother that were present at the time of fetal death which may have contributed to the fetal death but did not result in the underlying cause of fetal death listed in Part I.

EXAMPLES OF REPORTING CAUSES OF FETAL DEATH

Case History No. 1

The mother was a 29-year old gravida 1, para 0 woman with a history of drug abuse. She had a normal pregnancy until 28 weeks gestation, when hydramnios was noted. Ultrasonography suggested anencephaly. No fetal movement was noted, nor were fetal heart sounds audible. Labor was induced, and a stillborn anencephalic fetus weighing 1100 grams was delivered.

CAUSE OF FETAL DEATH	28.	Enter only one cause per line for a, b, and c.	
	PART I. Fetal or maternal condition directly causing fetal death. PART II. Fetal and/or maternal conditions if any, giving rise to the immediate cause(s), stating the underlying cause last.		
CAUSE OF FETAL DEATH	IMMEDIATE CAUSE a. <u>Anencephaly</u> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____		Specify Fetal or Maternal Fetal
	PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I. <u>Maternal Drug Use</u>		Specify Fetal or Maternal
			Specify Fetal or Maternal
			Specify Fetal or Maternal
CAUSE OF FETAL DEATH	29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify) <u>Before Labor</u>		

Note: The drug(s) should be specified when known.

Case History No. 2

The mother, a 32-year-old primigravida with severe pre-eclampsia, developed an abruptio placenta at 35 weeks gestation. The fetus was observed by fetal monitoring to be without heart sounds for 20 minutes before delivery was accomplished. This was assumed to be intrauterine hypoxia.

CAUSE OF FETAL DEATH	28.	Enter only one cause per line for a, b, and c.	
	PART I. Fetal or maternal condition directly causing fetal death. PART II. Fetal and/or maternal conditions if any, giving rise to the immediate cause(s), stating the underlying cause last.		
CAUSE OF FETAL DEATH	IMMEDIATE CAUSE a. <u>Intrauterine Hypoxia</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>Abruptio Placenta</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>Pre-eclampsia Severe</u>		Specify Fetal or Maternal Fetal
	PART II. Other significant conditions of fetus or mother contributing to fetal death but not resulting in the underlying cause given in Part I. <u>Before Labor</u>		Specify Fetal or Maternal Maternal
			Specify Fetal or Maternal Maternal
			Specify Fetal or Maternal Maternal
CAUSE OF FETAL DEATH	29. FETUS DIED BEFORE LABOR, DURING LABOR OR DELIVERY, UNKNOWN (Specify) <u>Before Labor</u>		

APPENDIXES

- A. Definitions of Live Birth, Fetal Death, and Induced Termination of Pregnancy
- B. Mother's Worksheet for Child's Birth Certificate (PH-1675)
- C. Spanish Mother's Worksheet for Child's Birth Certificate (PH-1675S)
- D. Facility Worksheet for Child's Birth Certificate (PH-1676)
- E. Certificate of Live Birth (PH-1651A)
- F. Birth Report of Foundling (PH-1656)
- G. Voluntary Acknowledgment of Paternity (PH-2595)
- H. Spanish Voluntary Acknowledgment of Paternity (PH-3708)
- I. Rescission of Voluntary Acknowledgment of Paternity (PH-3490)
- J. Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity (PH-3500)
- K. Tennessee Code Annotated (TCA) § 68-3-305 (Surname of Child)
- L. Tennessee Code Annotated (TCA) § 36-2-304 (Presumption of Parentage)
- M. M2. Standard State, Country, and Canadian Provinces Abbreviations
- N. Hispanic Origin - Other Entries Reported on Certificates and Reports
- O. Race - Other Entries Reported on Certificates and Reports
- P. Report of Fetal Death (Stillbirth) (PH-1668)
- Q. Occupation and Industry - Illustrations of Acceptable Entries for Both
- R. Medical Definitions for Report of Fetal Death (Stillbirth)
- S. Institutional Report of Births (PH-1652)
- T. Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s (PH-1661)
- U. Fees and Services for Birth Certificate

APPENDIXES (continued)

- V. Application for Certified Copy of Certificate of Birth (PH-1654)
- W. Vital Records Filed with the Tennessee Office of Vital Records
- X. Disposal of Human and Fetal Remains – Guidance Document
- Y. Certifier Designation (Hospital Designee)

APPENDIX A

Definitions of Live Birth, Fetal Death, and Induced Termination of Pregnancy

The following definitions are from the Tennessee Code Annotated (T.C.A.) § 68-3-102. They conform to the definitions adopted by the World Health Organization.

Live Birth

(9) 'Live birth' is the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. Heartbeats shall be distinguished from transient cardiac contractions, and respirations shall be distinguished from fleeting respiratory efforts or gasps;

Notice - During 2005, the Tennessee Legislature passed, and the Governor signed into law a new definition of Live Birth. The change from the old definition to the new definition is within the last underlined sentence above. Based upon the new definition, the physician attendant determines if the product of the delivery which has deceased should be declared as a fetal death or a live birth followed by death. If the physician attendant determines life, the birth must be registered as a live birth and a death certificate must also be filed by the person assuming custody of the body.

Fetal Death

(4) 'Fetal death' is death prior to the complete expulsion or extraction from its mother of a product of human conception; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

Induced Termination of Pregnancy

(7) 'Induced termination of pregnancy' is the intentional termination of pregnancy with the intention other than to produce a live-born infant or to remove a dead fetus.

APPENDIX B

Mother's Medical Record No. _____

Mother's Name _____



Tennessee Department of Health Mother's Worksheet for Child's Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the release of identifying medical and health information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as marital status, education, race, smoking, income, and Social Security numbers will be used only for statistics and research studies and will not appear on copies of the birth certificate issued to you or your child.

PLEASE PRINT CLEARLY

1. What will be your baby's legal name as it should appear on the birth certificate?

First	Middle	Last	Suffix (Jr., III, etc.)
-------	--------	------	-------------------------

2. What is your current legal name?

First	Middle	Last	Suffix (Jr., III, etc.)
-------	--------	------	-------------------------

3. Have you ever been married? Yes Go to question 4. No Go to question 5.

4. What name did you use prior to your first marriage?

First	Middle	Last	Suffix (Jr., III, etc.)
-------	--------	------	-------------------------

5. Where do you usually live? That is, where is your household/residence located?

Complete number and street: _____ Apartment No. _____
(Do not enter P. O. Box)

City, Town, or Location: _____ County: _____
(or Canadian Province)

State or Country: _____ Zip Code: _____

6. Is this household inside city limits? Yes No Don't know

7. What is your mailing address?

Same as residence If the mailing address is the same as where you live, go to Question 8.

P. O. Box: _____ Complete number and street: _____ Apartment No. _____

City, Town, or Location: _____

State or Country: _____ Zip Code: _____

8. What is your date of birth? (Example: March 4, 1977 is 3 - 4 - 1977) _____

Month Day Year

9. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

State _____ or U.S. territory (such as Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas) _____
or Foreign country _____

10. What is the highest level of schooling that you have completed at the time of delivery? Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received.

<input type="checkbox"/> 8th grade or less	<input type="checkbox"/> Associate degree (such as AA, AS)
<input type="checkbox"/> 9th – 12th grade, no diploma	<input type="checkbox"/> Bachelor's degree (such as BA, AB, BS)
<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Master's degree (such as MA, MS, MEng, MEd, MSW, MBA)
<input type="checkbox"/> Some college credit, but no degree	<input type="checkbox"/> Doctorate (such as PhD, EdD) or Professional degree (such as MD, DDS, DVM, LLB, JD)

11. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

<input type="checkbox"/> No, not Spanish/Hispanic/Latina	<input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (such as Spaniard, Salvadoran, Dominican, Colombian) Specify _____
<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano	
<input type="checkbox"/> Yes, Puerto Rican	
<input type="checkbox"/> Yes, Cuban	

12. What is your race? Please check one or more races to indicate what you consider yourself to be.

<input type="checkbox"/> White	<input type="checkbox"/> Korean
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> American Indian or Alaska Native, name of enrolled or principal tribe _____	<input type="checkbox"/> Other Asian, Specify _____
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander, Specify _____
	<input type="checkbox"/> Other, Specify _____

13. What do you consider your primary race to be? Please check one.

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian or Pacific Islander
<input type="checkbox"/> American Indian or Eskimo	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Race not mentioned above, Specify _____

14. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

Yes No Don't know

15. What is your height? _____ feet _____ inches

16. What was your weight before you became pregnant with this child? _____ pounds

17. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.

	# of cigarettes	# of packs
Three months before pregnancy	_____	OR _____
First three months of pregnancy	_____	OR _____
Second three months of pregnancy	_____	OR _____
Last three months of pregnancy	_____	OR _____

18. Were you married at the time of birth, or were you married at conception, or were you married at any time between conception and giving birth?

Yes Go to question 19 (after reading the instructions).
 No If not married, will a voluntary acknowledgment of paternity form be completed for this child and signed by you and the father before you leave the hospital?
 Yes, a voluntary acknowledgment of paternity form will be completed. Go to Question 19. *
 No, a voluntary acknowledgment of paternity form will not be completed. Go to Question 26.

*Please note the following instructions concerning the presumed legal father of the child.

If you are now married, or were married at the time of conception, or were married anytime between conception and birth, or are now separated, or are in the process of getting a divorce, or have been divorced less than 300 days, your husband is the presumed legal father of your child. His name and personal information must be entered on the birth certificate.

If you are not married now, and were not married at the time of conception or anytime between conception and birth, the father's information can be entered on the birth certificate only if you and the biological father acknowledge paternity. Acknowledging paternity will legally establish the man completing the form as the child's father. Both you and the biological father must mutually agree, complete and sign the Voluntary Acknowledgment of Paternity form (PH-2595) before a notary public. If you or the father of the baby is less than 18 years old, then you or the father are a minor. Minors must have consent of a parent or legal guardian. The minor's parent or legal guardian must show consent by signing the form. If you plan to acknowledge paternity during the hospital stay, list the biological father's name and personal information in Questions 18-25, and 29b.

19. What is the current legal name of your baby's father?

First _____ Middle _____ Last _____ Suffix (Jr., III, etc.) _____

20. What is the father's date of birth? (Example: March 4, 1976 is 3 - 4 - 1976) _____
Month _____ Day _____ Year _____

21. In what State, U.S. territory, or foreign country was the father born? Please specify one of the following:

State _____ or U.S. territory (such as Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas) _____
or Foreign country _____

22. What is the highest level of schooling that the father has completed? Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received.

8th grade or less Associate degree (such as AA, AS)
 9th - 12th grade, no diploma Bachelor's degree (such as BA, AB, BS)
 High school graduate or GED completed Master's degree (such as MA, MS, MEng, MEd, MSW, MBA)
 Some college credit, but no degree Doctorate (such as PhD, EdD) or Professional degree
(such as MD, DDS, DVM, LLB, JD)

23. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box. If Spanish/Hispanic/Latino, check the appropriate box.

No, not Spanish/Hispanic/Latino Yes, other Spanish/Hispanic/Latino (such as Spaniard, Salvadoran, Dominican, Colombian).
 Yes, Mexican, Mexican American, Chicano
 Yes, Puerto Rican
 Yes, Cuban
Specify _____

24. What is the father's race? Please check one or more races to indicate what he considers himself to be.

White Korean
 Black or African American Vietnamese
 American Indian or Alaska Native, name of enrolled Other Asian, Specify _____
or principal tribe _____ Native Hawaiian
 Asian Indian Guamanian or Chamorro
 Chinese Samoan
 Filipino Other Pacific Islander, Specify _____
 Japanese Other, Specify _____

25. What does the father consider his primary race to be? Please check one.

<input type="checkbox"/> White	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian or Pacific Islander
<input type="checkbox"/> American Indian or Eskimo	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Race not mentioned above, Specify _____

26. What is the primary language spoken in the home?

<input type="checkbox"/> English	<input type="checkbox"/> Chinese	<input type="checkbox"/> Other, Specify _____
<input type="checkbox"/> Spanish/Spanish Creole	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Unknown
<input type="checkbox"/> German	<input type="checkbox"/> Korean	
<input type="checkbox"/> French	<input type="checkbox"/> Arabic	

27. Think of all the income from persons who lived with you. Which category is closest to your combined household income over the last 12 months?

<input type="checkbox"/> less than \$10,000	<input type="checkbox"/> \$25,000 - \$34,999	<input type="checkbox"/> \$75,000 - \$99,999
<input type="checkbox"/> \$10,000 - \$14,999	<input type="checkbox"/> \$35,000 - \$49,999	<input type="checkbox"/> \$100,000 or more
<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$50,000 - \$74,999	<input type="checkbox"/> Unknown/Refused

28. Do you want to request a Social Security Number for your child?

Yes I authorize the State of Tennessee to provide the Social Security Administration with information from this certificate which is needed to assign a number.

No

29. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c)(section 205(c) of the Social Security Act).

29a. What is your Social Security Number?

<input type="text"/>									
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

29b. What is the father's Social Security Number? If you are not married, or if a paternity acknowledgment will not be completed, leave this item blank.

<input type="text"/>									
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Certification: I certify that the personal information provided on this form is correct to the best of my knowledge and belief.

Name and signature of mother

Name _____

Signature _____ Date _____

Name and signature of father (optional)

Name _____

Signature _____ Date _____

Name and signature of person who obtained mother's worksheet information:

Name _____

Signature _____ Date _____

APPENDIX B

Mother's Worksheet for Child's Birth Certificate (PH-1675)

Generally, a birth worksheet is necessary for purposes of interviewing the mother in order to prepare the child's birth certificate. The Mother's Worksheet for Child's Birth Certificate is furnished by the Tennessee OVR upon request to a facility, clinic, or other attendant which is responsible for filing the Certificate of Live Birth. If the facility, clinic, or birth attendant has prepared a form which meets the Tennessee standard worksheet form, and has been approved by the Tennessee OVR, it may be used in lieu of this form. However, Tennessee OVR strongly recommends that the standard worksheet be used.

The Mother's Worksheet for Child's Birth Certificate is to be completed in its entirety by the mother or other responsible person. The information on this form will be transferred to the Certificate of Live Birth by hospital personnel and/or attendant.

The mother and/or father should sign the worksheet.

Form PH-1675S is the Spanish translation version of the Mother's Worksheet for Child's Birth Certificate (Appendix C).

Special Request: It is suggested that the signed mother's worksheet become a permanent record in the mother's chart. The Tennessee OVR may need to request a copy of the signed worksheet as documentation for amending the original birth certificate (i.e., child's surname, names of parents, and personal information, etc.).

APPENDIX C



Número de historia clínica de la madre _____
Nombre de la madre _____

Departamento de Salud de Tennessee

Planilla de información sobre la madre para la Partida de nacimiento del niño

Usaremos la información que usted nos de aquí para generar la partida de nacimiento de su niño (a). La partida de nacimiento es un documento que se usa con fines legales para comprobar la edad, nacionalidad y los padres del niño (a). Su niño (a) usará este documento a lo largo de su vida. Las leyes del estado estipulan la protección contra la divulgación de la información médica y de salud de la partida de nacimiento para garantizar la confidencialidad de los padres y sus hijos.

Es muy importante que la información que nos proporcione sobre cada una de las preguntas sea completa y exacta. Además de la información que se utiliza con fines legales, también hay investigadores médicos y de la salud que utilizan otros datos de la partida de nacimiento para estudiar y mejorar la salud de las madres y de los recién nacidos. Los datos tales como el estado civil, el nivel de educación, la raza, si fuma, los ingresos y los números de seguro social sólo se utilizan para estudios estadísticos y de investigación y no aparecerán en las copias de la partida de nacimiento que se le extiendan a usted o a sus hijos.

ESCRIBA CON LETRA DE MOLDE Y CLARA

1. ¿Cuál será el nombre legal de su niño (a) tal y como debe constar en la partida de nacimiento?

Nombre _____ Segundo nombre _____ Apellido _____ Sufijo (Jr., III, etc.) _____

2. ¿Cuál es su nombre legal actual?

Nombre _____ Segundo nombre _____ Apellido _____ Sufijo (Jr., III, etc.) _____

3. ¿Ha estado casada alguna vez? Sí Vaya a la pregunta 4. No Vaya a la pregunta 5.

4. ¿Cuál era su nombre antes del primer matrimonio?

Nombre _____ Segundo nombre _____ Apellido _____ Sufijo (Jr., III, etc.) _____

5. ¿Dónde vive por lo general? Es decir, ¿dónde está ubicado su hogar/domicilio?

Número y calle completos: _____ Número de apartamento: _____
(No use apartados postales)

Ciudad, Pueblo, o Lugar: _____ Condado: _____
(o Provincia en Canadá)

Estado o País: _____ Código Postal: _____

6. ¿Este hogar se encuentra dentro de los límites de la ciudad? Sí No No sé

7. ¿Cuál es su dirección postal?

La misma que la del domicilio. Si la dirección postal no es la misma que la de dónde reside, vaya a la pregunta 8.

Apartado postal: _____ Número y calle completos: _____ Número de apartamento: _____

Ciudad, Pueblo, o Lugar: _____

Estado o País: _____ Código Postal: _____

8. ¿Cuál es su fecha de nacimiento? (Ejemplo: Marzo 4 de 1977 es 3 - 4 -1977)

Mes _____ Dia _____ Año _____

PH-1675S

RDA N/A

9. ¿En qué estado, territorio estadounidense o país extranjero nació? Especifique cuál de los siguientes:
Estado _____ o Territorio estadounidense (como Puerto Rico, Islas Vírgenes estadounidenses, Guam, Samoa Americana o las Islas Marianas del Norte) _____
o País extranjero _____

10. ¿Cuál fue el último grado que terminó en la escuela antes del parto? Marque la casilla que describe su nivel de educación. Si está matriculada en la actualidad, marque la casilla que indica el grado que haya terminado anteriormente o el diploma del nivel de educación más alto que haya obtenido.

<input type="checkbox"/> 8vo grado o menos	<input type="checkbox"/> Título de asociado (tal como Asociado en Artes, Asociado en Ciencias)
<input type="checkbox"/> 9no – 12mo grado, sin diploma	<input type="checkbox"/> Título de bachiller (tal como Bachiller en Artes, Bachiller en comercio, Bachiller en ciencias)
<input type="checkbox"/> Graduado de pre-universitario o si obtuvo el Diploma de Equivalencia General (GED, por sus siglas en inglés)	<input type="checkbox"/> Maestría (tal como Maestría en Artes, Maestría en Ciencias, Maestría en Ingeniería, Maestría en Educación, Maestría en Trabajo Social, Maestría en Comercio)
<input type="checkbox"/> Algunos créditos universitarios, pero no recibió un título	<input type="checkbox"/> Doctorado (tal como Doctorado en Filosofía, Doctorado en Educación o Título Profesional (tal como Doctor en Medicina, Doctor en Estomatología, Doctor en Medicina Veterinaria, Doctor en Ley, Doctor en Jurisprudencia)

11. ¿Usted es Española/Hispana/Latina? Si no es Española/Hispana/Latina, marque la casilla "No". Si es Española/Hispana/Latina, marque la casilla adecuada.

<input type="checkbox"/> No, no soy Española/Hispana/Latina	<input type="checkbox"/> Sí, Española/Hispana/Latina de otro país tal como España, El Salvador, Dominicana, Colombia, etc.
<input type="checkbox"/> Sí, Mejicana, Mejicana-Americana, Chicana	Espeficique _____
<input type="checkbox"/> Sí, Puerorriqueña	
<input type="checkbox"/> Sí, Cubana	

12. ¿Cuál es su raza? Sírvase de marcar una casilla o todas las casillas de las razas que usted piensa que son su raza.

<input type="checkbox"/> Blanca	<input type="checkbox"/> Coreana
<input type="checkbox"/> Negra o Afro-norteamericana	<input type="checkbox"/> Vietnamita
<input type="checkbox"/> India-norteamericana o Nativa de Alaska, nombre de la tribu principal registrada _____	<input type="checkbox"/> Otra raza asiática, especifique _____
<input type="checkbox"/> Hindú-Asiática	<input type="checkbox"/> Nativa de Hawái
<input type="checkbox"/> China	<input type="checkbox"/> Nativa de Guam o Chamorro
<input type="checkbox"/> Filipina	<input type="checkbox"/> Samoano
<input type="checkbox"/> Japonesa	<input type="checkbox"/> Nativa de otra isla del Pacífico, especifique _____
	<input type="checkbox"/> Otra, especifique _____

13. ¿Cuál considera que es su raza principal? Sírvase marcar una de las casillas.

<input type="checkbox"/> Blanca	<input type="checkbox"/> China	<input type="checkbox"/> Filipina
<input type="checkbox"/> Negra o Afro-norteamericana	<input type="checkbox"/> Japonesa	<input type="checkbox"/> Otras Asiáticas o de las Islas del Pacífico
<input type="checkbox"/> India-norteamericana o Esquimal	<input type="checkbox"/> Hawaiana	<input type="checkbox"/> Otra raza que no se haya mencionado
		Espeficique _____

14. ¿Usted recibió comida del WIC (Mujeres, Lactantes y Niños, por sus siglas en inglés) mientras estaba embarazada de este niño (a)?

Sí No No sé

15. ¿Cuánto mide? _____ pies _____ pulgadas

16. ¿Cuánto pesaba antes de este embarazo? _____ libras

17. ¿Durante los períodos de tiempo que aparecen a continuación cuántos cigarros O cajas de cigarrillo se fumó al día como promedio? Si NUNCA ha fumado, ponga cero en cada período de tiempo.

	# de cigarros	# de cajas
Tres meses antes del embarazo	0	
El primer trimestre del embarazo	0	
El segundo trimestre del embarazo	0	
El último trimestre del embarazo	0	

18. ¿Estaba casada cuando dio a luz o se casó cuando concibió o se casó después de haber concebido y antes de dar a luz?

Sí Vaya a la pregunta 19 (una vez que haya leído las instrucciones).*

No Si no está casada, ¿usted y el padre, antes de irse de alta de este hospital, llenarán y firmarán el formulario de reconocimiento voluntario de paternidad de este niño?

Sí, llenaremos el formulario de reconocimiento voluntario de la paternidad. Vaya a la pregunta 19. *

No, no llenaremos el formulario de reconocimiento voluntario de la paternidad. Vaya a la pregunta 26.

*Preste atención a las siguientes instrucciones en lo relacionado con el presunto padre legal del niño (a).

Si usted está casada en estos momentos, o se casó cuando concibió o se casó después de haber concebido y antes de dar a luz, o está separada en estos momentos, o está en trámites de divorcio, o hace menos de 300 días que se divorció, su esposo es el presunto padre legal de su niño (a). Su nombre y datos personales tienen que aparecer en la partida de nacimiento.

Si no está casada en estos momentos y no se casó cuando concibió o después de haber concebido y antes de dar a luz, los datos personales del padre pueden aparecer en la partida de nacimiento sólo si usted y el padre biológico reconocen la paternidad. El reconocer la paternidad demuestra ante la ley que el hombre que llenó el formulario es el padre del niño (a). Tanto usted como el padre biológico tienen que llenar y firmar de mutuo acuerdo el formulario de Reconocimiento voluntario de paternidad (PH-2595) ante un notario público. Si usted o el padre del niño (a) son menores de 18 años, entonces a usted o al padre se le considera menor de edad. Las personas menores de edad tienen que obtener el consentimiento de uno de los padres o del tutor. El padre o tutor del menor tendrá que firmar el formulario para demostrar su consentimiento. Si piensa reconocer la paternidad durante su estadía en el hospital, incluya el nombre del padre biológico y sus datos personales en las preguntas de la 19 a la 25 y en la 29b.

19. ¿En la actualidad cuál es el nombre legal del padre del niño (a)?

Nombre	Segundo nombre	Apellido	Sufijo (Jr., III, etc.)
--------	----------------	----------	-------------------------

20. ¿Cuál es la fecha de nacimiento del padre? (Por ejemplo: Marzo 4, 1976 es 3 - 4 - 1976)

Mes	Día	Año
-----	-----	-----

21. ¿En qué estado, territorio estadounidense o país extranjero nació el padre? Especifique cuál de los siguientes:

Estado _____ o Territorio estadounidense (como Puerto Rico, Islas Vírgenes estadounidenses, Guam, Samoa Americana o las Islas Marianas del Norte) _____
o País extranjero _____

22. ¿Cuál fue el último grado que el padre terminó en la escuela? Marque con una cruz en la casilla que describe el nivel de educación del padre. Si está matriculado en la actualidad, marque la casilla que indica el grado que haya terminado anteriormente o el diploma del nivel de educación más alto que haya obtenido

8vo grado o menos
 9no - 12mo grado, sin diploma
 Graduado de pre-universitario o si obtuvo el Diploma de Equivalencia General (GED, por sus siglas en inglés)
 Algunos créditos universitarios, pero no recibió un título

Título de asociado (tal como Asociado en Artes, Asociado en Ciencias)
 Título de bachiller (tal como Bachiller en Artes, Bachiller en comercio, Bachiller en ciencias)
 Maestría (tal como Maestría en Artes, Maestría en Ciencias, Maestría en ingeniería, Maestría en Educación, Maestría en Trabajo Social, Maestría en comercio)
 Doctorado (tal como Doctorado en Filosofía, Doctorado en Educación) o Título Profesional (tal como Doctor en Medicina, Doctor en Estomatología, Doctor en Medicina Veterinaria, Doctor en Ley, Doctor en Jurisprudencia)

23. ¿El padre es Español/Hispano/Latino? Si no es Español/Hispano/Latino, marque la casilla "No". Si es Español/Hispano/Latino, marque la casilla adecuada.

No, no soy Español/Hispano/Latino
 Sí, Mexicano, Mejicano-Americano, Chicano
 Sí, Puertorriqueño
 Sí, Cubano

Sí, Español/Hispano/Latino de otro país tal como España, El Salvador, Dominicana, Colombia, etc.

Especifique _____

24. ¿Cuál es la raza del padre? Sírvase marcar una casilla o todas las casillas de las razas que él piensa que son su raza.

Blanca
 Negra o Afro-norteamericana
 India-norteamericana o Nativo de Alaska, nombre de la tribu principal registrada _____
 Hindú-Asiática

Coreana
 Vietnamita
 Otra raza asiática, especifique _____
 Nativo de Hawái
 Nativo de Guam o Chamorro

PH-1675S

RDA N/A

China
 Filipina
 Japonesa

Samoano
 Nativo de otra isla del Pacífico, especifique _____
 Otra, especifique _____

25. ¿Cuál es la raza que el padre considera como su raza principal? Sírvase marcar una de las casillas.

Blanca
 Negra o Afro-norteamericana
 India-norteamericana o Esquimal

China
 Japonesa
 Hawaiana

Filipina
 Otras Asiáticas o de las Islas del Pacífico
 Otra raza que no se haya mencionado
Especifique _____

26. ¿Cuál es el idioma que predomina en el hogar?

Inglés
 Español/Español Criollo
 Alemán
 Francés

Chino
 Vietnamita
 Coreano
 Árabe

Otro, especifique _____
 Desconocido

27. Teniendo en cuenta los ingresos de todas las personas que viven con usted ¿Cuál de estas categorías se acerca más a los ingresos combinados de su hogar en los últimos 12 meses?

menos de \$10,000
 \$10,000 - \$14,999
 \$15,000 - \$24,999

\$25,000 - \$34,999
 \$35,000 - \$49,999
 \$50,000 - \$74,999

\$75,000 - \$99,999
 \$100,000 o más
 Desconozco/Me niego

28. ¿Quisiera solicitar un número de seguro social para su niño (a)?

Sí Autorizo al Estado de Tennessee a facilitarle a la Administración del Seguro Social la información que aparece en esta partida de nacimiento, la cual es necesaria para atribuir un número de seguro social.
 No

29. La ley federal, Título 42 del Código de los Estados Unidos, Artículos 405, Punto (c) y 205 Punto (c) de la Ley del Seguro Social, exige que los padres proporcionen su (s) número (s) de seguro social.

29a. ¿Cuál es su número de seguro social?

--	--	--	--	--	--	--	--	--	--	--	--

29b. ¿Cuál es el número de seguro social del padre? Si no está casada o si no va a llenar el formulario de reconocimiento voluntario, no responda a esta pregunta.

--	--	--	--	--	--	--	--	--	--	--	--

Certificación: Certifico que los datos personales que aparecen en este formulario están correctos según mi total saber y entender.

Nombre y firma de la madre

Nombre _____

Firma _____ Fecha _____

Nombre y firma del padre (optativo)

Nombre _____

Firma _____ Fecha _____

Nombre y firma de la persona que obtuvo la planilla de información sobre la madre:

Nombre _____

Firma _____ Fecha _____

PH-1675S

RDA N/A

APPENDIX C

Planilla de informacion sobre la madre para la Partida de nacimiento del nino (PH-1675S) (Mother's Worksheet for Child's Birth Certificate)

Generally, a birth worksheet is necessary for purposes of interviewing the mother in order to prepare the child's birth certificate. The Spanish translation version of the Mother's Worksheet for Child's Birth Certificate is furnished by the Tennessee OVR upon request to a facility, clinic, or other birth attendant which is responsible for filing the Certificate of Live Birth.

The Spanish translation version of the Mother's Worksheet for Child's Birth Certificate is to be completed in its entirety by the mother or other responsible person. The information on this form will be transferred to the Certificate of Live Birth by facility personnel and/or attendant.

The mother and/or father should sign the worksheet.

Special Request: It is suggested that the signed mother's worksheet become a permanent record in the mother's chart. The Tennessee OVR may need to request a copy of the signed worksheet as documentation for amending the original birth certificate (i.e., child's surname, names of parents, and personal information, etc.).

APPENDIX D

Mother's Medical Record No. _____
 Newborn Screening Specimen Control No. _____



Tennessee Department of Health Facility Worksheet for Child's Birth Certificate

1. Mother's Name _____

2. Plurality _____ Specify single, twin, triplet, quadruplet, quintuplet, etc.
Include all live births and fetal losses delivered at any time in this pregnancy.

3. Birth Order _____ If not single birth, specify order this child was delivered as 1st, 2nd, 3rd, 4th, 5th, etc.
Include all live births and fetal losses delivered at anytime in this pregnancy.

4. Date of child's birth _____ Month Day Year 5. Time of birth _____ 24 hour clock

6. Sex of child _____ Male, Female, Undetermined

7. Born in this facility or enroute to this facility?
 Yes Go to Question 12.
 No If not born in this facility, give name of another facility or a street and number. _____

8. Place where birth occurred
 Hospital Freestanding birthing center
 Clinic/Doctor's Office Other, Specify (e.g., plane, grocery store, school, etc.)
 Home birth:
 Planned to deliver at home? Yes No

9. State of birth _____ If not born in Tennessee, do not continue.

10. County of birth _____ 11. City, Town or Location of birth _____

The preferred source of information for Questions 12-21 is the mother's prenatal care record.

12. Did the mother receive prenatal care? Yes No If No is checked, go to Question 16.

13. Date of first prenatal care visit (Prenatal care begins when a physician or other health professional first examines and/or counsels the pregnant woman as part of an ongoing program of care for the pregnancy.)
Month Day Year

14. Date of last prenatal care visit Month Day Year

15. Total number of prenatal visits _____

16. Date last normal menses began Month Day Year

17a. Number of previous live births now living (Do not include this child.) _____ Number None
 17b. Number of previous live births now dead (Do not include this child.) _____ Number None

17c. Date of last live birth Month Day Year

18a. Total number of other pregnancy outcomes (Include fetal losses of any gestational age: spontaneous losses, induced losses, and/or ectopic pregnancies. If this was a multiple delivery, include all fetal losses delivered before this infant in the pregnancy.)
Number None

18b. Date of last other pregnancy outcome (Date last pregnancy ended which did not result in a live birth) Month Day Year

19. Medical risk factors in this pregnancy (Check all that apply)

Diabetes - Glucose intolerance requiring treatment.

Prepregnancy (Diagnosis prior to this pregnancy)
 Gestational (Diagnosis in this pregnancy)

Hypertension - Elevation of blood pressure above normal for age, gender, and physiological condition.

Prepregnancy (Chronic) (Diagnosis prior to this pregnancy)
 Gestational (PIH, preeclampsia, eclampsia) (Diagnosis during this pregnancy)

Previous preterm birth - History of pregnancy(es) terminating in a live birth of less than 37 completed weeks of gestation.
 Other previous poor pregnancy outcome (Includes perinatal death, small for gestational age/intrauterine growth restricted birth) - History of pregnancies continuing into the 20th week of gestation and resulting in any of the listed outcomes. Perinatal death includes fetal and neonatal deaths.
 Vaginal bleeding during this pregnancy prior to the onset of labor - Any vaginal bleeding occurring any time in the pregnancy prior to the onset of labor.
 Pregnancy resulted from infertility treatment - Any assisted reproduction treatment whether artificial insemination, drugs (e.g., Clomid, Pergonal) or technical procedures (e.g., in-vitro fertilization) used to initiate the pregnancy.
 Mother had a previous cesarean delivery - Previous operative delivery by extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls. If Yes, how many _____
 None of the above

20. Infections present and/or treated during this pregnancy (Check all that apply)

Gonorrhea - a diagnosis of or positive test for *Neisseria gonorrhoeae*
 Syphilis - also called lues - a diagnosis of or positive test for *Treponema pallidum*
 Herpes Simplex Virus (HSV) - a diagnosis of or positive test for the herpes simplex virus
 Chlamydia - a diagnosis of or positive test for *Chlamydia trachomatis*
 Hepatitis B - HBV, serum hepatitis - a diagnosis of or positive test for the hepatitis B virus
 Hepatitis C - non A, non B hepatitis, HCV - a diagnosis of or positive test for the hepatitis C virus
 None of the above

21. Obstetric procedures (Check all that apply)

Cervical cerclage - Circumferential banding or suture of the cervix to prevent or treat passive dilatation. Includes MacDonald's suture, Shirodkar procedure, abdominal cerclage via laparotomy.
 Tocolysis - Administration of any agent with the intent to inhibit preterm uterine contractions to extend length of the pregnancy.
External cephalic version - Attempted conversion of a fetus from a non-vertex to a vertex presentation by external manipulation.
 Successful Failed
 None of the above

22. Onset of Labor (Check all that apply)

Premature rupture of the membranes (prolonged \geq 12 hours) - Spontaneous tearing of the amniotic sac (natural breaking of the bag of waters), 12 hours or more before labor begins.
 Precipitous labor (< 3 hours) - Labor that progresses rapidly and lasts for less than 3 hours.
 Prolonged labor (\geq 20 hours) - Labor that progresses slowly and lasts for 20 hours or more.
 None of the above

23. Principal source of payment for this delivery

Private Insurance Self-pay
 Medicaid/TennCare Other, Specify _____

24. Attendant's name _____

25. Attendant's title

M.D. CNM/CM Other Midwife
 D.O. CPM Other, Specify _____

26. Attendant's N.P.I. Number (National Provider Identifier) _____

27. Infant's medical record number _____

28. Was the mother transferred to this facility for maternal medical or fetal indications prior to delivery? (Transfers include hospital to hospital, birth facility to hospital, etc.)

Yes If Yes, enter the name of the facility mother transferred from: _____ No

29. Mother's weight at delivery Pounds: _____

30. **Characteristics of labor and delivery** (Check all that apply)

- Induction of labor** - Start of uterine contractions by medical and/or surgical means for the purpose of delivery before the spontaneous onset of labor.
- Augmentation of labor** - Stimulation of uterine contractions by drug or manipulative technique with the intent to reduce the time to delivery.
- Non-vertex presentation** - Includes any non-vertex fetal presentation, e.g., breech, shoulder, brow, face presentations, and transverse lie in the active phase of labor or at delivery other than vertex.
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery** - Includes betamethasone, dexamethasone, or hydrocortisone specifically given to accelerate fetal lung maturation in anticipation of preterm delivery. Excludes steroid medication given to the mother as an anti-inflammatory treatment.
- Antibiotics received by the mother during labor** - Includes antibacterial medications given systemically (intravenous or intramuscular) to the mother in the interval between the onset of labor and the actual delivery: Ampicillin, Penicillin, Clindamycin, Erythromycin, Gentamicin, Cefotaxime, Ceftriaxone, etc.
- Clinical chorioamnionitis diagnosed during labor or maternal temperature $\geq 38^{\circ}\text{C}$ (100.4 $^{\circ}\text{F}$)** - Clinical diagnosis of chorioamnionitis during labor made by the delivery attendant. Usually includes more than one of the following: fever, uterine tenderness and/or irritability, leukocytosis and fetal tachycardia.
- Moderate/heavy meconium staining of the amniotic fluid** - Staining of the amniotic fluid caused by passage of fetal bowel contents during labor and/or at delivery which is more than enough to cause a greenish color change of an otherwise clear fluid.
- Fetal intolerance of labor was such that one or more of the following actions was taken:** *in utero resuscitative measures, further fetal assessment, or operative delivery* - *In Utero Resuscitative measures* such as any of the following - maternal position change, oxygen administration to the mother, intravenous fluids administered to the mother, amnioinfusion, support of maternal blood pressure, and administration of uterine relaxing agents. *Further fetal assessment* includes any of the following - scalp pH, scalp stimulation, acoustic stimulation. *Operative delivery* - operative intervention to shorten time to delivery of the fetus such as forceps, vacuum, or cesarean delivery.
- Epidural or spinal anesthesia during labor** - Administration to the mother of a regional anesthetic for control of the pain of labor, i.e., delivery of the agent into a limited space with the distribution of the analgesic effect limited to the lower body.
- None of the above**

31. **Method of delivery** (Complete A, B, C, and D)

- A. **Was delivery with forceps attempted but unsuccessful?** - Obstetric forceps was applied to the fetal head in an unsuccessful attempt at vaginal delivery. Yes No
- B. **Was delivery with vacuum extraction attempted but unsuccessful?** - Ventouse or vacuum cup was applied to the fetal head in an unsuccessful attempt at vaginal delivery. Yes No
- C. **Fetal presentation at birth** (Check one)
 - Cephalic** - Presenting part of the fetus listed as vertex, occiput anterior (OA), occiput posterior (OP)
 - Breech** - Presenting part of the fetus listed as breech, complete breech, frank breech, footling breech
 - Other** - Any other presentation not listed above
- D. **Final route and method of delivery** (Check one)
 - Vaginal/Spontaneous** - Delivery of the entire fetus through the vagina by the natural force of labor with or without manual assistance from the delivery attendant.
 - Vaginal/Forceps** - Delivery of the fetal head through the vagina by application of obstetrical forceps to the fetal head.
 - Vaginal/Vacuum** - Delivery of the fetal head through the vagina by application of a vacuum cup or ventouse to the fetal head.
 - Cesarean** - Extraction of the fetus, placenta and membranes through an incision in the maternal abdominal and uterine walls

If cesarean, was a trial of labor attempted? - Labor was allowed, augmented or induced with plans for a vaginal delivery.

Yes No

32. **Maternal morbidity** (Check all that apply)

- Maternal transfusion** - Includes infusion of whole blood or packed red blood cells associated with labor and delivery
- Third or fourth degree perineal laceration** - 3rd degree laceration extends completely through the perineal skin, vaginal mucosa, perineal body and anal sphincter. 4th degree laceration is all of the above with extension through the rectal mucosa.
- Ruptured uterus** - Tearing of the uterine wall.
- Unplanned hysterectomy** - Surgical removal of the uterus that was not planned prior to the admission. Includes anticipated or possible but not definitively planned hysterectomy
- Admission to intensive care unit** - Any admission of the mother to a facility/unit designated as providing intensive care.
- Unplanned operating room procedure following delivery** - Any transfer of the mother back to a surgical area for an operative procedure that was not planned prior to the admission for delivery. Excludes postpartum tubal ligations.
- None of the above**

33. **Birthweight** Enter weight in grams. _____
If weight in grams is not available, enter birthweight as lbs., oz. _____

34. **Obstetric estimate of gestation at delivery** - The birth attendant's final estimate of gestation based on all perinatal factors and assessments, but not the neonatal exam. Do not compute based on date of the last menstrual period and the date of birth. Completed wks. _____

35. Apgar score at 5 mins. _____ If 5 mins. score is less than 6, what is the Apgar score at 10 mins. _____

36. Abnormal conditions of the newborn (Check all that apply)

- Assisted ventilation required immediately following delivery - Infant given manual breaths for any duration with bag and mask or bag and endotracheal tube within the first several minutes from birth. Excludes oxygen only and laryngoscopy for aspiration of meconium.
- Assisted ventilation required for more than six hours - Infant given mechanical ventilation (breathing assistance) by any method for more than 6 hours. Includes conventional, high frequency and/or continuous positive pressure (CPAP).
- NICU admission - Admission into a facility or unit staffed and equipped to provide continuous mechanical ventilatory support for a newborn.
- Newborn given surfactant replacement therapy - Endotracheal instillation of a surface active suspension for the treatment of surfactant deficiency due to preterm birth or pulmonary injury resulting in respiratory distress. Includes both artificial and extracted natural surfactant.
- Antibiotics received by the newborn for suspected neonatal sepsis - Any antibiotic drug given systemically (intravenous or intramuscular) (e.g., penicillin, ampicillin, gentamicin, cefotaxime etc.)
- Seizure or serious neurologic dysfunction - Seizure is any involuntary repetitive, convulsive movement or behavior. Serious neurologic dysfunction is severe alteration of alertness such as obtundation, stupor, or coma, i.e., hypoxic-ischemic encephalopathy. Excludes lethargy or hypotonia in the absence of other neurologic findings. Exclude symptoms associated with CNS congenital anomalies.
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) - Defined as present immediately following delivery or manifesting soon after delivery. Includes any bony fracture or weakness or loss of sensation, but excludes fractured clavicles and transient facial nerve palsy. Soft tissue hemorrhage requiring evaluation and/or treatment includes sub-galeal (progressive extravasation within the scalp) hemorrhage; giant cephalohematoma; extensive truncal, facial and/or extremity ecchymosis accompanied by evidence of anemia and/or hypovolemia and/or hypotension. Solid organ hemorrhage includes subcapsular hematoma of the liver, fractures of the spleen, or adrenal hematoma.
- None of the above

37. Congenital anomalies of the newborn (Check all that apply)

- Anencephaly - Partial or complete absence of the brain and skull. Also called anencephalus, acrania, or absent brain. Also includes infants with craniorachischisis (anencephaly with a contiguous spine defect).
- Meningomyelocele/Spina bifida - Spina bifida is herniation of the meninges and/or spinal cord tissue through a bony defect of spine closure. Meningomyelocele is herniation of meninges and spinal cord tissue. Meningocele (herniation of meninges without spinal cord tissue) should also be included in this category. Both open and closed (covered with skin) lesions should be included. Do not include Spina bifida occulta (a midline bony spinal defect without protrusion of the spinal cord or meninges).
- Cyanotic congenital heart disease - Congenital heart defects which cause cyanosis. Includes but is not limited to: transposition of the great arteries (vessels), tetralogy of Fallot, pulmonary or pulmonic valvular atresia, tricuspid atresia, truncus arteriosus, total/partial anomalous pulmonary venous return with or without obstruction.
- Congenital diaphragmatic hernia - Defect in the formation of the diaphragm allowing herniation of abdominal organs into the thoracic cavity.
- Omphalocele - A defect in the anterior abdominal wall, accompanied by herniation of some abdominal organs through a widened umbilical ring into the umbilical stalk. The defect is covered by a membrane (different from gastroschisis, see below), although this sac may rupture. Also called exomphalos. Do not include umbilical hernia (completely covered by skin) in this category.
- Gastroschisis - An abnormality of the anterior abdominal wall, lateral to the umbilicus, resulting in herniation of the abdominal contents directly into the amniotic cavity. Differentiated from omphalocele by the location of the defect and absence of a protective membrane.
- Limb reduction defect (excluding congenital amputation and dwarfing syndromes) - Complete or partial absence of a portion of an extremity associated with failure to develop.
- Cleft lip with or without Cleft palate - Incomplete closure of the lip. May be unilateral, bilateral or median.
- Cleft palate alone - Incomplete fusion of the palatal shelves. May be limited to the soft palate or may extend into the hard palate. Cleft palate in the presence of cleft lip should be included in the "Cleft Lip with or without Cleft Palate" category above.

Down Syndrome - (Trisomy 21)

- Karyotype confirmed Karyotype pending

Suspected chromosomal disorder - Includes any constellation of congenital malformations resulting from or compatible with known syndromes caused by detectable defects in chromosome structure.

- Karyotype confirmed Karyotype pending

- Hypospadias - Incomplete closure of the male urethra resulting in the urethral meatus opening on the ventral surface of the penis. Includes first degree - on the glans ventral to the tip, second degree - in the coronal sulcus, and third degree - on the penile shaft.
- None of the anomalies listed above

38. Was infant transferred within 24 hours of delivery? Transfer is defined as moving the child from the facility where the delivery occurred to another facility. This excludes admittance to the newborn intensive care unit within the facility where the child was delivered.

- Yes If yes, give name of facility infant transferred to: _____
- No

39a. Is infant living at time of report? Yes No Infant transferred, status unknown

39b. If not living, give date of death _____ 40. Is infant being breastfed? Yes No

Month Day Year

Name and signature of Labor and Delivery Nurse or Attendant who obtained facility worksheet information

Name _____ Signature _____ Date _____

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RDA N/A

APPENDIX D

Facility Worksheet for Child's Birth Certificate

The Facility Worksheet for Child's Birth Certificate is furnished upon request to a facility which is responsible for filing the Certificate of Live Birth. If the facility has prepared a form which meets the needs of the facility, it may be used in lieu of this form. However, Tennessee OVR strongly recommends that the standard worksheet be used.

The Facility Worksheet for Child's Birth Certificate should be completed by the physician in attendance at the birth of the child or the labor and delivery nurse and remains in the facility's files. It is to be used for completing the medical portion and confidential portion of the Certificate of Live Birth with information that is best provided by the physician or the labor and delivery nurse.

The mother or other informant should not normally be asked to complete the medical items 29-34b, 37, 39-42, and 44-60 unless medical personnel do not have access to this information. The information for these items should be taken from the facility worksheet or from other data supplied by the physician.

The Tennessee OVR does not recommend that the Facility Worksheet for Child's Birth Certificate become a permanent record in the mother's chart.

APPENDIX E



TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER: 141-

CHILD	1. CHILD'S NAME (First, Middle, Last, Suffix)			
	2. SEX	3. DATE OF BIRTH (Mo/Day/Yr)	4. TIME OF BIRTH (24 Hour)	5. FACILITY NAME (If not institution, give street and number)
	6. CITY, TOWN, OR LOCATION OF BIRTH		7. COUNTY OF BIRTH	
8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			8b. DATE OF BIRTH (Mo/Day/Yr)	
MOTHER	8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)			8d. BIRTHPLACE (State, Territory, or Foreign Country)
	8e. RESIDENCE OF MOTHER: STATE OR COUNTRY		9c. CITY, TOWN, OR LOCATION	
	9d. STREET AND NUMBER		9e. APT. NO.	9f. ZIP CODE
	10. MOTHER'S MAILING ADDRESS <input checked="" type="checkbox"/> Same as residence, or Street and Number			9g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	11a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)		11b. DATE OF BIRTH (Mo/Day/Yr)	11c. BIRTHPLACE (State, Territory, or Foreign Country)
FATHER	12. CERTIFIER'S SIGNATURE AND DATE CERTIFIED			
	SIGNATURE		DATE SIGNED (Mo/Day/Yr)	
	TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL DESIGNEE <input type="checkbox"/> CNM/CNM <input type="checkbox"/> CPM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other, Specify _____			
13. REGISTRAR'S SIGNATURE			14. DATE FILED BY REGISTRAR (Mo/Day/Yr)	

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INFORMATION FOR MEDICAL AND HEALTH USE ONLY

15. MOTHER'S MEDICAL RECORD NO.	16. CHILD'S MEDICAL RECORD NO.	17. NEWBORN SCREENING SPECIMEN CONTROL NO.	18. FACILITY ID (NPI)
19. MOTHER MARRIED AT BIRTH, CONCEPTION, OR ANY TIME BETWEEN? IF NO, HAS PATERNITY ACKNOWLEDGMENT FORM BEEN COMPLETED?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	20. SOCIAL SECURITY CARD REQUESTED FOR CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No
21. MOTHER'S SOCIAL SECURITY NO.		22. FATHER'S SOCIAL SECURITY NO.	

MOTHER															
<p>23. MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)</p> <p><input type="checkbox"/> 6th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown</p> <p>24. MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latino. Check the "No" box if mother is not Spanish/Hispanic/Latino)</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino <input type="checkbox"/> Specify _____ <input type="checkbox"/> Unknown</p>															
<p>25a. MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Name of the enrolled or principle tribe _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, Specify _____ <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown</p>															
<p>25b. Which of the above does the mother consider her primary race?</p>															
<p>26. FATHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery)</p> <p><input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown</p> <p>27. FATHER OF HISPANIC ORIGIN? (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino)</p> <p><input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino <input type="checkbox"/> Specify _____ <input type="checkbox"/> Unknown</p>															
<p>28a. FATHER'S RACE (Check one or more races to indicate what the father considers himself to be)</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Name of the enrolled or principle tribe _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian, Specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander, Specify _____ <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Unknown</p>															
<p>28b. Which of the above does the father consider his primary race?</p>															
<p>29. PLACE WHERE BIRTH OCCURRED</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Home Birth: Planned to deliver at home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Clinic/Doctor's office <input type="checkbox"/> Other, Specify _____</p>		<p>30. ATTENDANT'S NAME, TITLE, AND NPI</p> <p>NAME: _____ TITLE: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM/CN <input type="checkbox"/> CPM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other, Specify _____ NPI: _____</p>	<p>31. MOTHER TRANSFERRED FOR MATERNAL MEDICAL OR FETAL INDICATIONS FOR DELIVERY?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name of facility mother transferred from: _____</p>												
<p>32. DID THE MOTHER RECEIVE PRENATAL CARE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>33. TOTAL NUMBER OF PRENATAL VISITS FOR THIS PREGNANCY _(If none, enter 0)</p>	<p>34a. DATE OF FIRST PRENATAL CARE VISIT _{MM DD YYYY}</p>												
<p>35. MOTHER'S HEIGHT _(feet/inches)</p>		<p>36. MOTHER'S PREPREGNANCY WEIGHT _(pounds)</p>	<p>37. MOTHER'S WEIGHT AT DELIVERY _(pounds)</p>												
<p>38. NUMBER OF PREVIOUS LIVE BIRTHS (Do not include this child)</p> <p>39a. Now living <input type="checkbox"/> None <input type="checkbox"/> None 39b. Now dead <input type="checkbox"/> None 39c. Date of last live birth <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> None MM YYYY</p>		<p>40. NUMBER OF OTHER PREGNANCY OUTCOMES</p> <p>40a. Other outcomes <input type="checkbox"/> None 40b. Date of last other pregnancy outcome <input type="checkbox"/> None <input type="checkbox"/> None MM YYYY</p>	<p>41. DATE LAST NORMAL MENSES BEGAN _{MM DD YYYY}</p>												
<p>42. PRINCIPLE SOURCE OF PAYMENT FOR THIS DELIVERY</p> <p><input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid/TenCare <input type="checkbox"/> Self-pay <input type="checkbox"/> Other, Specify _____</p>		<p>43. CIGARETTE SMOKING BEFORE AND DURING PREGNANCY For each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked. If none, enter 0</p> <p>Average number of cigarettes or packs of cigarettes smoked per day</p> <table border="0"> <tr> <td>Three Months Before Pregnancy</td> <td>or</td> <td>or</td> </tr> <tr> <td>First Three Months of Pregnancy</td> <td>or</td> <td>or</td> </tr> <tr> <td>Second Three Months of Pregnancy</td> <td>or</td> <td>or</td> </tr> <tr> <td>Last Three Months of Pregnancy</td> <td>or</td> <td>or</td> </tr> </table>		Three Months Before Pregnancy	or	or	First Three Months of Pregnancy	or	or	Second Three Months of Pregnancy	or	or	Last Three Months of Pregnancy	or	or
Three Months Before Pregnancy	or	or													
First Three Months of Pregnancy	or	or													
Second Three Months of Pregnancy	or	or													
Last Three Months of Pregnancy	or	or													

MEDICAL AND HEALTH INFORMATION	44. RISK FACTORS IN THIS PREGNANCY (Check all that apply)	45. INFECTIONS PRESENT AND/OR TREATED DURING THIS PREGNANCY (Check all that apply)	46. OBSTETRIC PROCEDURES (Check all that apply)	49. METHOD OF DELIVERY
	<input type="checkbox"/> Diabetes <input type="checkbox"/> Prepregnancy (Diagnosis prior to this pregnancy) <input type="checkbox"/> Gestational (Diagnosis in this pregnancy) <input type="checkbox"/> Hypertension <input type="checkbox"/> Prepregnancy (Chronic) <input type="checkbox"/> Gestational (PIH, preeclampsia, edema) <input type="checkbox"/> Previous preterm birth <input type="checkbox"/> Other previous poor pregnancy outcome (includes perinatal death, small for gestational age/intrauterine growth restricted birth) <input type="checkbox"/> Vaginal bleeding during this pregnancy prior to the onset of labor <input type="checkbox"/> Pregnancy resulted from infertility treatment <input type="checkbox"/> Mother had a previous cesarean delivery. If yes, how many _____ <input type="checkbox"/> None of the above	<input type="checkbox"/> External cephalic version <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the above	<input type="checkbox"/> Cervical cerclage <input type="checkbox"/> Tocolysis <input type="checkbox"/> External cephalic version <input type="checkbox"/> Successful <input type="checkbox"/> Failed <input type="checkbox"/> None of the above	<input type="checkbox"/> Was delivery with forceps attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Was delivery with vacuum extraction attempted but unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fetal presentation at birth <input type="checkbox"/> Cephalic <input type="checkbox"/> breech <input type="checkbox"/> Other <input type="checkbox"/> Final route and method of delivery (Check one) <input type="checkbox"/> Vaginal/Sponaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean If cesarean, was a trial of labor attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No
			47. ONSET OF LABOR (Check all that apply)	50. MATERNAL MORBIDITY (Check all that apply) (Complications associated with labor and delivery)
			<input type="checkbox"/> Premature rupture of the membranes (prolonged, ≥12 hrs) <input type="checkbox"/> Precipitous labor (<3 hrs) <input type="checkbox"/> Prolonged labor (>20 hrs) <input type="checkbox"/> None of the above	<input type="checkbox"/> Maternal transfusion <input type="checkbox"/> Third or fourth degree perineal laceration <input type="checkbox"/> Ruptured uterus <input type="checkbox"/> Unplanned hysterectomy <input type="checkbox"/> Admission to intensive care unit <input type="checkbox"/> Unplanned operating room procedure following delivery <input type="checkbox"/> None of the above
			48. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)	
			<input type="checkbox"/> Induction of labor <input type="checkbox"/> Augmentation of labor <input type="checkbox"/> Non-vertex presentation <input type="checkbox"/> Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery <input type="checkbox"/> Antibiotics received by the mother during labor <input type="checkbox"/> Clinical chorioamnionitis diagnosed during labor or maternal temperature ≥ 38°C (100.4°F) <input type="checkbox"/> Moderate/heavy meconium staining of the amniotic fluid <input type="checkbox"/> Fetal intolerance of labor such that one or more of the following actions were taken: in utero resuscitative measures, further fetal assessment or operative delivery <input type="checkbox"/> Epidural or spinal anesthesia during labor <input type="checkbox"/> None of the above	

NEWBORN INFORMATION

NEWBORN	51. BIRTHWEIGHT (grams preferred, specify unit)	52. OBSTETRIC ESTIMATE OF GESTATION (completed weeks)	53. APGAR SCORE Score at 5 minutes _____ If 5 minute score is less than 6, what is the score at 10 minutes _____	54. PLURALITY (Single, Twin, Triple, etc.) Specify _____	55. IF NOT SINGLE BIRTH (Born First, Second, Third etc.) Specify _____	56. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)	57. CONGENITAL ANOMALIES OF THE NEWBORN (Check all that apply)
	<input type="checkbox"/> grams <input type="checkbox"/> lbs					<input type="checkbox"/> Assisted ventilation required immediately following delivery <input type="checkbox"/> Assisted ventilation required for more than six hours <input type="checkbox"/> NICU admission <input type="checkbox"/> Newborn given surfactant replacement therapy <input type="checkbox"/> Antibiotics received by the newborn for suspected neonatal sepsis <input type="checkbox"/> Seizure or serious neurologic dysfunction <input type="checkbox"/> Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention) <input type="checkbox"/> None of the above	<input type="checkbox"/> Anencephaly <input type="checkbox"/> Meningomyelocele/Spina bifida <input type="checkbox"/> Cyanotic congenital heart disease <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Omphalocele <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Limb reduction defect (excluding congenital amputation and deforming syndromes) <input type="checkbox"/> Cleft lip with or without Cleft palate <input type="checkbox"/> Cleft palate alone Down Syndrome <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending Suspected chromosomal disorder <input type="checkbox"/> Karyotype confirmed <input type="checkbox"/> Karyotype pending <input type="checkbox"/> Hypoplasias <input type="checkbox"/> None of the anomalies listed above
						58. WAS INFANT TRANSFERRED WITHIN 24 HOURS OF DELIVERY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of facility infant transferred to: _____	60a. IS INFANT LIVING AT TIME OF REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant transferred, status unknown
							60b. If not living, give date of death <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y
HOUSEHOLD	61. WHAT LANGUAGE IS SPOKEN PREDOMINANTLY IN THE HOME?	62. WHAT IS THE COMBINED HOUSEHOLD INCOME FOR THE LAST 12 MONTHS?					
	<input type="checkbox"/> English <input type="checkbox"/> Spanish/Spanish Creole <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> < \$10,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$75,000 - \$99,999 <input type="checkbox"/> \$10,000 - \$14,999 <input type="checkbox"/> \$35,000 - \$49,999 <input type="checkbox"/> \$100,000 or more <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$50,000 - \$74,999 <input type="checkbox"/> Unknown/Refused					

APPENDIX F

	BIRTH REPORT OF FOUNDLING		
DEPARTMENT OF PUBLIC HEALTH	STATE OF TENNESSEE	VITAL RECORDS	
<p style="margin-top: 10px;"> AUTHORITY TO FILE THIS RECORD IS PROVIDED BY SECTION 128-7 PUBLIC ACT 9 OF 1977 </p> <p> DATA REQUIRED ARE TO BE SUPPLIED OVER THE SIGNATURE OF THE PERSON FINDING THIS CHILD </p> <p> THIS REPORT SHALL BE SUBJECT TO THE CONDITIONS GOVERNING A CERTIFICATE OF BIRTH </p> <p> WRITE PLAINLY USE INK </p> <p> ALL ITEMS MUST BE COMPLETE AND ACCURATE </p>			
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE - PUBLIC HEALTH SERVICE	<p>1. NAME ASSIGNED _____</p> <p>2. PLACE FOUND: a. COUNTY _____ CIVIL DISTRICT _____ b. CITY OR TOWN _____ INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. DATE FOUND _____ APPROXIMATE DATE OF BIRTH _____</p> <p>4. SEX _____ 5. COLOR OR RACE _____</p> <p>6. PERSON OR INSTITUTION WITH WHOM THE CHILD HAS BEEN PLACED FOR CARE: a. NAME _____ b. ADDRESS _____</p> <p>7. NAME ASSIGNED BY: _____</p> <p>8. OTHER IDENTIFYING DATA: _____ _____</p> <p>9. SIGNATURE: a. PERSON FINDING THIS CHILD _____ b. ADDRESS _____ c. DATE SIGNED _____</p> <p>10A. REGISTRAR-SIGNATURE _____</p> <p>10B. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR</p>		
PH-1688 VR Rev. 7/78			

APPENDIX G



VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
STATE OF TENNESSEE
DEPARTMENT OF HEALTH-OFFICE OF VITAL RECORDS
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE NUMBER

TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-9-203, 68-3-302 AND 68-3-305

INSTRUCTIONS:

1. This is a legal form. Please read it carefully.
2. **Do not** sign this form until you have received an oral presentation of your rights and responsibilities. **Do not** sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures or the form will **not** be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian **must** be present at the time you complete this form and **must** sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

SECTION I - A:

Child's Name (as you want it shown on the birth certificate)			Date of Birth
First	Middle	Last	Suffix
State and County of Birth			

FATHER'S INFORMATION

Father's Name			Date of Birth
First	Middle	Last	Suffix
Birthplace - State or Foreign Country	Social Security Number	Spanish/ Hispanic/ Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Specify:	
Race (list all that apply)		Education - Highest level completed	

B. Social Security Number of Child (if available at the time of completion of form): _____

SECTION II - INFORMATION TO BE COMPLETED BY THE MOTHER OF THE CHILD

A. Name: _____	B. Maiden Surname: _____
C. Residential Address: _____ County _____	
Phone Number: (_____) _____	
D. Mailing Address (if different): _____	
E. Social Security Number: _____	F. Date of Birth: _____
G. Birthplace: City: _____	State or County: _____
H. Mother's Employer: _____	Phone No.: (_____) _____
Employer's Address: _____	
I. Mother's medical insurance company name: _____	
Policy Number: _____	Monthly cost of coverage for: \$ _____ Family \$ _____ Single
J. Driver's License No.: _____	

SECTION III - INFORMATION TO BE COMPLETED BY THE FATHER

A. Father's Residential Address: _____	County _____
B. Mailing Address (if different): _____	
Phone number: (_____) _____	B. Driver's License No.: _____
C. Father's employer: _____ Phone No.: (_____) _____	
Employer's address: _____	
D. Father's medical insurance company name: _____	
Policy Number: _____	Monthly cost of coverage for: \$ _____ Family \$ _____ Single

SECTION IV - RIGHTS AND RESPONSIBILITIES INVOLVING PATERNITY ESTABLISHMENT

The following rights and responsibilities of establishing paternity must be explained to you!

A. If you are the **father** of this child, by signing this voluntary acknowledgment of paternity:

1. You will be **conclusively presumed** to be the father of the child named above **unless**, within 60 days following completion of this form, the acknowledgment is rescinded (canceled) as described in Section IV. C. below.
2. Your name will appear on the child's birth certificate as the father of the child.
3. You will give your child the benefits of:
 - a. Knowing his or her father's identity
 - b. Having the opportunity for a legally recognized father-child relationship
 - c. Having access to your health and medical information to help in caring for your child's possible future medical problems
 - d. Having financial support from birth parents
 - e. Having rights to other benefits which may include social security, veterans benefits, insurance, the right to inherit property and possibly others.

4. As the legal father you will have:

- The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others.
- The right to petition the court for visitation and custody.
- The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care.

5. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:

- The father's name will appear on your child's birth certificate.
- Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available.
- The child's father will have the right to ask the court for visitation or custody of the child.

6. If you are either the mother or father of this child:

- You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
- The acknowledgment may also be rescinded (cancelled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
- If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.

7. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.

8. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV, A.3.e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

SECTION V - AFFIDAVIT OF FATHER

State of Tennessee

County of _____

City of _____

First being duly sworn, affiant states:

I am _____ I certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant says: not.

Signature of Father: _____

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent.

Name of father's parent or guardian (please print): _____

Signature of father's parent or guardian: _____

SEAL

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public

My commission expires: _____, 20____.

SECTION VI - AFFIDAVIT OF MOTHER

State of Tennessee

County of _____

City of _____

First being duly sworn, affiant states:

I am _____ I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant says: not.

Signature of Mother: _____

If the mother is less than 18 years of age, her parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the mother and must sign below to indicate his or her consent.

Name of mother's parent or guardian (please print): _____

Signature of mother's parent or guardian: _____

SEAL

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public

My commission expires: _____, 20____.

APPENDIX H



VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
STATE OF TENNESSEE
DEPARTMENT OF HEALTH-OFFICE OF VITAL RECORDS
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE NUMBER

TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113, 68-3-203, 68-3-302 AND 68-3-305

INSTRUCTIONS

1. This is a legal form. Please read it carefully.
2. Do not sign this form until you have received an oral presentation of your rights and responsibilities. Do not sign this form if you do not understand what it means.
3. Use black ink. Do not use any white out or erasures or the form will not be accepted.
4. Once this form has been filed with the Tennessee Vital Records Office, a court order will be required to make changes in the child's name; provided, however, if either parent rescinds (cancels) the acknowledgment of paternity within the sixty (60) day period provided by law, the child's surname will automatically be changed to the mother's legal surname at the time of birth.
5. In Section I, enter the child's name exactly as you want it to be shown on the child's birth certificate. Both parents must agree. Enter all other information requested on the form, if applicable, to your current circumstances.
6. If you are under 18 years of age, your parent or guardian must be present at the time you complete this form and must sign below your signature to give consent.
7. Retain a copy of this form as you have completed it before the Notary Public for your records.

SECTION I. A.

Child's Name (as you want it shown on the birth certificate) (Nombre del niño como Ud. quiere que sea en la acta natal)			Date of Birth - (Fecha de nacimiento)
First- Primer Nombre	Middle- Segundo Nombre	Last- Tercer Apellido si Usted los plantea usar	State and County of Birth (Estado y Condado donde nació el niño)

FATHER'S INFORMATION

Father's Name (Nombre del padre)			Date of Birth - (Fecha de nacimiento) del padre
First- Primer Nombre	Middle- Segundo Nombre	Last- Apellido(s) que Usted usa	Birth
Birthplace - State or Foreign Country (Lugar donde nació - Estado o País)	Social Security Number (Número de Seguro Social)	Spanish/ Hispanic/ Latino? <input type="checkbox"/> YES <input type="checkbox"/> NO (Español/ hispano) If Yes, Specify: (especifique):	Education (Educación - Nivel de instrucción)
Place Name - (Si da más información)			

B. Social Security Number of Child (if available at the time of completion of form)
(Número de Seguro Social del niño en el momento en que se completa este formulario)

SECTION II. INFORMATION TO BE COMPLETED BY MOTHER OF CHILD (INFORMACIÓN SOBRE LA MADRE)

A. Name (Nombre)	B. Maiden Name: (Nombre de soltera)			
First- Primer Nombre	Middle- Segundo Nombre	Last- Apellido(s) que Usted usa	Birth	County: (Condado)
Residential Address: (Domicilio de residencia)			Phone Number: (Número de teléfono)	
Mailing Address (if different) (Domicilio para el envío de correo si es diferente al anterior)				
Social Security Number: (Número de seguro social)			F. Date of Birth: (Fecha de nacimiento)	
G. Birthplace - City (Lugar donde nació - Ciudad)			State or Country: (Estado o País)	
H. Mother's Employer: (Empleador de la madre)			Phone No: (Número de teléfono)	
Employer's Address: (Domicilio del empleador)				
I. Father's medical Insurance company name: (Nombre de la compañía de seguros médica del padre)			Monthly cost of coverage for: \$ _____	Family _____ S. _____ Single _____ County: (Condado)
Policy Number: (Número de póliza)			Costo mensual de cobertura: \$ _____	
J. Driver's license No.: (Número de licencia de conducir)			B. Driver's License No.: (Número de la licencia de conducir)	
			Phone No: (Número de teléfono del teléfono)	

SECTION III. INFORMATION TO BE COMPLETED BY FATHER (INFORMACIÓN SOBRE EL PADRE)

A. Father's Residential Address (Domicilio del padre)	B. Father's Employer: (Empleador)	
Mailing Address (if different): (Domicilio para el envío de correo si es diferente al anterior)	Phone No: (Número de teléfono del teléfono)	
Phone number: (Número de teléfono)	B. Driver's License No.: (Número de la licencia de conducir)	
C. Father's employer: (Empleador)	Phone No: (Número de teléfono del teléfono)	
Employer's address: (Domicilio del empleador)		
D. Father's medical Insurance company name: (Nombre de la compañía de seguros médica del padre)	Monthly cost of coverage for: \$ _____	Family _____ S. _____ Single _____ County: (Condado)
Policy Number: (Número de póliza)	Costo mensual de cobertura: \$ _____	

SECTION IV. RIGHTS AND RESPONSIBILITIES INVOLVING PATERNITY ESTABLISHMENT

The following rights and responsibilities of establishing paternity must be explained to you!

1. If you are the father of this child, by signing this voluntary acknowledgment of paternity:
 1. You will be conclusively presumed to be the father of the child named above unless, within 60 days following completion of this form, the acknowledgment is rescinded (canceled) as described in Section IV, C. below.
 2. Your name will appear on the child's birth certificate as the father of the child.
 3. You will give your child the benefits of:
 1. Knowing his or her father's identity.
 2. Having the opportunity for a legally recognized father-child relationship.
 3. Having access to your health and medical information to help in caring for your child's possible future medical problems.
 4. Having financial support from birth parents.
 5. Having rights to other benefits which may include social security, veterans' benefits, insurance, the right to inherit property and possibly others.

- 4. As the legal father you will have
 - a. The ability to protect your legal rights to your child by having a say in any attempted adoption of your child by others
 - b. The right to petition the court for visitation and custody.
 - c. The responsibility of providing financial and medical support. The court may enter an order, which will direct you to provide money for the financial support of your child and to provide for your child's medical care
- 5. If you are the mother of this child, by signing this voluntary acknowledgment of paternity:
 - 1. The father's name will appear on your child's birth certificate.
 - 2. Your child will have a legal father from whom child support, medical support and other benefits such as social security, veterans benefits, the right to inherit property and possibly others will be available
 - 3. The child's father will have the right to ask the court for visitation or custody of the child
- 6. If you are either the mother or father of this child:
 - 1. You may revoke (cancel) this acknowledgment by obtaining from the local child support office or the Department of Health a Rescission of Voluntary Acknowledgment of Paternity form and filing the form and the required \$15.00 fee so that it is received by the Office of Vital Records in Nashville, Tennessee within sixty (60) days of the date of completion of this form. If you cannot pay the fee because you are poor, you may complete a sworn statement with the Rescission in which you describe your income, and the fee will be waived if you meet the waiver requirements.
 - 2. The acknowledgment may also be rescinded (canceled) by entry of an order which rescinds (cancels) the acknowledgment at a court or administrative hearing relating to the child held within sixty (60) days of the date of the completion of this form at which either parent is a party.
 - 3. If you believe that there has been fraud or a material mistake of fact in the completion of this acknowledgment, you may file an action in court to rescind this acknowledgment if you do so within five (5) years of the date of the completion of this form. If however, you are the father named in this acknowledgment, and you allege fraud by the mother of the child, an action to rescind the acknowledgment is not barred by the five (5) year limitation if the interests of the child, the State or any child support agency are not affected by such an action.
- 7. The identity of the father may be established by parentage tests such as genetic tests (DNA) if either the mother or person believed to be the father is unsure of the identity of the father.
- 8. If the acknowledgment is not signed to establish a father of the child, a legal action may be filed by either the mother, the father, or by a State child support agency in order to establish a legal father of the child. Such an action, if successful, will make the father responsible for paying child support and medical support. The child may also be entitled to any of the benefits noted in Section IV, A.3.e. above. The mother, alleged father and the child will be required to submit to genetic testing to determine the identity of the father if the alleged father's identity is disputed. Costs for such tests may be recovered in the legal action from the mother or father.

SECTION V. AFFIDAVIT OF FATHER (DECLARACIÓN JURADA DEL PADRE)

State of Tennessee
 County of _____
 City of _____

First being duly sworn, affiant states:

I am _____ certify and acknowledge that I am the father of the child whose name appears in Section I and I further certify and acknowledge that all of the information in Section I is correct. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

Signature of Father (Firma del Padre)

If the father is less than 18 years of age, his parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the father and must sign below to indicate his or her consent. (Si es menor de 18 años, sus padres o guardian legal tienen que estar presente cuando este reconocimiento este completado y tienen que firmar abajo para indicar su consentimiento.)

Name of father's parent or guardian (please print)
 (Nombre del nombre del parent o del guardián de su padre)

Signature of father's parent or guardian
 (Firma del parent o guardián de su padre)

SEAL

Sworn to and subscribed before me this _____ day of _____, 20____

My commission expires: _____, 20____

Signature of Notary Public (Firma del Notario Público)

SECTION VI. AFFIDAVIT OF MOTHER (DECLARACIÓN JURADA DE LA MADRE)

State of Tennessee
 County of _____
 City of _____

First being duly sworn, affiant states:

I am _____, I certify and acknowledge that I am the mother of the child whose name appears in Section I. I further certify and acknowledge that the person named in Section I is the father of the child in Section I. I further acknowledge that I have been orally advised of my rights and responsibilities as set forth in Section IV above in signing an acknowledgment of paternity. I certify that I understand all of the information on this form and that I sign this acknowledgment of paternity freely and voluntarily.

Further affiant saith not.

Signature of Mother (Firma de la Madre)

If the mother is less than 18 years of age, her parent or legal guardian must be present at the time the voluntary acknowledgment is completed by the mother and must sign below to indicate his or her consent. (Si es menor de 18 años, sus padres o guardian legal tienen que estar presente cuando este reconocimiento este completado y tienen que firmar abajo para indicar su consentimiento)

Name of mother's parent or guardian (please print)
 (Nombre del nombre del parent o del guardián de su madre)

Signature of mother's parent or guardian
 (Firma del parent o del guardián de su madre)

SEAL

Sworn and subscribed before me this _____ day of _____, 20____

My commission expires: _____, 20____

Signature of Notary Public (Firma del Notario Público)

INSTRUCCIONES SOBRE EL RECONOCIMIENTO VOLUNTARIO DEL PATERNIDAD

1. Esto es una forma legal. Por favor realo cuidadosamente.
2. No firmar esta forma hasta que usted ha recibido una presentación oral de sus derechos y responsabilidades. No firme esta forma si usted no entiende lo que significa.
3. Utilice la tinta negra. No utilice ningún whiteout o las borraduras en esta forma o no serán validadas.
4. Una vez que esta forma se haya clasificado con la Oficina de Registros Esenciales de Tennessee, una orden de corte será requerido para realizar cambios en el nombre del niño, sin embargo, si cualquiera de los padres piensas rescindir (cancelar o quitar) el voluntario de paternidad dentro de los sesenta (60) días proporcionados por la ley, el apellido del niño sea cambiado automáticamente al apellido legal de la madre a la hora del nacimiento.
5. En la Sección I incorpora el nombre de niño exactamente como usted quisiera que fuera mostrado en el certificado de nacimiento de niño. Ambos padres deben de estar de acuerdo. Incorpore el resto de la información solicitada en la forma, si es aplicable a sus circunstancias actuales.
6. Si los padres son menor de 18 años de la edad, su padre o guardián legal tienes que estar presente cuando usted llena el formulario y tienes que firmar debajo de su firma para dar consentimiento.
7. Conserve una copia de esta forma como usted la ha terminado delante de: notario público.

SECCION IV. DERECHOS Y RESPONSABILIDADES QUE CONLLEVA EL ESTABLECIMIENTO DE PATERNIDAD

Deben explicarse los siguientes derechos y responsabilidades del establecimiento de paternidad:

- A. Si usted es el padre de este niño, al firmar este reconocimiento voluntario de paternidad:
 1. Se presumira que la información concluyente que usted es el padre del niño nombrado arriba, a menos que, dentro de los 60 días siguientes a llenar este formulario, se rescinda (cancela) el reconocimiento tal y como se describe a continuación en la Sección IV C.
 2. Su nombre aparecerá en el certificado de nacimiento del niño como el padre del mismo.
 3. Usted le proporcionara a su hijo los siguientes beneficios:
 - a. Conocer la identidad de su padre.
 - b. Tener la oportunidad de una relación de padre y su hijo, legalmente reconocida.
 - c. Tener acceso a su información medico y de salud para ayudar a cuidar su hijo en el caso de la posibilidad de complicaciones medicos en el futuro.
 - d. Tener un apoyo económico de ambos padres.
 - e. Tener derecho a conseguir otros beneficios que pueden incluir: seguro social, beneficios de veterano, seguridad, derecho a heredar propiedad y puede que otros beneficios.
 4. Como padre legal usted tendrá:
 - a. La capacidad de proteger sus derechos legales sobre su hijo, pudiendo intervenir en cualquier intento de adopción de su hijo por parte de otros.
 - b. Derecho a pedir al tribunal (la corte) visitación y custodia.
 - c. La responsabilidad de ofrecer apoyo medico y económico. El tribunal (la corte) puede dictar una orden que le obligue a usted de los económicos de su hijo y para pagar la seguridad médica del mismo.
- B. Si usted es la madre de este niño, al firmar este reconocimiento voluntario de paternidad:
 1. El nombre del padre aparecerá en el certificado de nacimiento de su hijo.
 2. Su hijo tendrá un padre legal de quien recibira: apoyo económico, seguridad medico y otros beneficios tales como los del seguro social, beneficios de veterano, derecho a heredar propiedad y puede que haya otros beneficios a su disposición.
 3. El padre del niño tendrá derecho a pedir al tribunal que le permita visitar a su hijo o la custodia del mismo.
- C. Si usted es el padre o la madre de este niño:
 1. Puede revocar (cancelar) este reconocimiento obteniendo de la oficina del apoyo económico del niño o del Departamento de Salud un formulario de Rescisión del Reconocimiento Voluntario de Paternidad, y rellenando dicho formulario y pagando la cuota obligatoria de \$15.00 para que sea recogido en la Oficina de Registros Esenciales en Nashville, Tennessee dentro de los 60 días siguientes a la fecha de haber llenado el formulario de paternidad. Si no puede pagar la cuota porque es pobre, puede llenar una declaración jurada con la Rescisión en la que describe sus ingresos, y la cuota no se le cobrará si usted cumple los requisitos para no tener que pagar.
 2. El reconocimiento también puede ser rescindido (cancelado) por una orden que rescinda el reconocimiento en un tribunal (la corte) o una audiencia administrativa en relación con el niño que tenga lugar dentro de los sesenta (60) días de la fecha de haber llenado este formulario en la que este presente cualquiera de los dos padres.
 3. Si cree que ha sido engañado o una equivocación material de hecho al llenar este reconocimiento, usted puede presentar una acción judicial para rescindir este reconocimiento si lo hace dentro de los cinco (5) años siguientes a la fecha en que se rellene este formulario. Si por el contrario usted es el padre nombrado en este reconocimiento, y usted alega fraude por parte de la madre del niño, en una acción para rescindir el reconocimiento no se aplica el límite de los cinco (5) años si los intereses del niño, el estado, o cualquier agencia de manutención infantil no resultan afectados por tal acción.
 4. La identidad del padre puede ser establecida con pruebas de paternidad tales como las pruebas genéticas (de ADN) tanto si la madre o si la persona que se supone que es el padre no esta segura de la identidad del padre.
 5. Si no hay un reconocimiento firmado que establezca quien es el padre del niño, tanto la madre como el padre o una agencia estatal de manutención infantil pueden presentar una acción legal para establecer la paternidad legal del niño. Si tal acción tiene éxito, hará al padre responsable del pago de la manutención infantil y del seguro medico. El niño también puede tener derecho a todos los beneficios mencionados en la Sección IV A.3.e. La madre, el supuesto padre y el niño tendrán que presentarse a unas pruebas genéticas para determinar la identidad del padre si la identidad del supuesto padre resulta dudosa. Los costos de tales pruebas pueden recuperarse en la acción legal del padre o de la madre.

SECCION V. DECLARACION JURADA DEL PADRE

Certifico y reconozco que soy el padre del niño cuyo nombre aparece en la Sección I. Tambien certifico y reconozco que toda la información de la Sección I es correcta. Tambien reconozco que me han leido verbalmente mis derechos y responsabilidades tal y como se describen en la Sección IV mencionado arriba en la firma y reconocimiento de la paternidad. Certifico que entiendo toda la información en este formulario y que firmo este reconocimiento de paternidad libre y voluntariamente. Si el padre es menor de 18 años, su padres o guardián legal tienes que estar presente en el momento en que se llena el reconocimiento voluntario por el padre y tienes que firmarlo debajo para indicar su consentimiento.

SECCION VI. DECLARACION JURADA DE LA MADRE

Certifico y reconozco que soy la madre del niño cuyo nombre aparece en la Sección I. Tambien certifico y reconozco que la persona nombrada en la Sección I es el padre del niño de la Sección I. Tambien reconozco que me han leido verbalmente mis derechos y responsabilidades tal y como se describen en la Sección IV mencionado arriba en la firma y reconocimiento de la paternidad. Certifico que entiendo toda la información en este formulario y que firmo este reconocimiento de paternidad libre y voluntariamente. Si la madre es menor de 18 años, su padre/madre o guardián legal tienes que estar presente en el momento en que se llena el reconocimiento voluntario por la madre y tienes que firmarlo debajo para indicar su consentimiento.

APPENDICES G and H

Voluntary Acknowledgment of Paternity (VAOP)

The English and Spanish versions of the VAOP are provided by the Tennessee OVR, and are to be used by facilities, clinics, or other birth attendants to help the unmarried mother and natural father fulfill their desires for naming the child. The VAOP may also be used with the Report of Fetal Death (Stillbirth). Tennessee law requires the Tennessee OVR to provide the form.

Before giving the parents the VAOP in order to consider establishing paternity, the facility or clinic personnel or other birth attendant should refer to the instructions in Part VI (beginning on page 86) of this handbook concerning the written and oral information to the parents. The Tennessee Paternity Acknowledgment Program Hospital Training Manual gives general and specific instructions for completing the paternity form.

The law, T.C.A. § 68-3-305 (b)(2) and T.C.A. § 68-3-504(b), establishes procedures for preparing the Certificate of Live Birth and Report of Fetal Death (Stillbirth) if the mother is not married so that the father's name may be placed on the birth certificate or fetal death report. If the mother and natural father are not married, they may submit a sworn statement (VAOP) at the time the certificate or report is prepared which 1) acknowledges paternity, 2) requests the child be given the father's surname or mother's current legal surname, and 3) requests the father's name and personal information be entered on the Certificate of Live Birth (items 11a, 11b, 11c, 22, and 26-28) or Report of Fetal Death (Stillbirth) (Items 9-10, 11b, 12b, 13b, 14c, 14d).

For additional information concerning name of child and father's personal information, refer to pages 25-34 and 43 for birth certificates and page 99-100 for fetal deaths. The Item 18, 'Mother married to father?,' should be marked 'No' when the VAOP is used.

File the VAOP with the birth certificate or fetal death report. The Tennessee OVR cannot accept birth certificates or fetal death reports for out of wedlock births which contain the father's name and other information unless the certificate or report is accompanied by the VAOP. Under no circumstances should the filing of the certificate or report be delayed past 10 days after the delivery in order to get the VAOP completed.

APPENDIX I



RESCISSION OF VOLUNTARY ACKNOWLEDGMENT OF PATERNITY
RESCISIÓN DEL RECONOCIMIENTO VOLUNTARIO DE PATERNIDAD
STATE OF TENNESSEE
DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS
TENNESSEE CODE ANNOTATED SECTIONS 24-7-113 and 68-3-203

Before you complete this form, read the instructions on the reverse side.
Antes de llenar esta forma, por favor lea las instrucciones en el lado inverso.

AFFIDAVIT
DECLARACIÓN JURADA

STATE OF _____
COUNTY OF _____

I _____, being duly sworn, state under oath
jurado debidamente y estando bajo el juramento digo

1. I signed a Voluntary Acknowledgment of Paternity form for the child named
Yo firmé un Reconocimiento Voluntario de Paternidad para el niño que se llama

Child's Name - Nombre del Niño _____, who was born on
que nació el _____

Month - Mes Day - Día Year - Año en el City - Ciudad County - Condado _____

2. The father named on the Voluntary Acknowledgment of Paternity was
El nombre del padre indicado en el Reconocimiento Voluntario de Paternidad es

3. I freely and voluntarily wish to rescind (cancel) that Acknowledgment of Paternity.
Yo libremente y voluntariamente deseo al rescindir (cancelar o quitar) el Reconocimiento Voluntario de Paternidad.

4. My Social Security Number is _____
Mi Número del Seguro Social es _____

5. I understand that even if I rescind (cancel) the Voluntary Acknowledgment of Paternity for this child, a paternity action may still be brought against the individual named as father on the Voluntary Acknowledgment of Paternity form.

Entiendo que, aunque yo rescindo (cancelo) el Reconocimiento Voluntario de Paternidad para este niño, una acción de la paternidad se pueda traer contra la persona nombrada en la forma del Reconocimiento Voluntario de Paternidad.

6. I understand that the Voluntary Acknowledgment of Paternity which I signed for the above-named child will be rescinded (voided) and the father's name will be removed from the child's birth certificate ONLY if this form is received at the Tennessee Vital Records Office within sixty (60) days following the date I signed the Voluntary Acknowledgment of Paternity form in the presence of a notary public. I understand that completion and filing of this form within the time limits stated above cancels the legal father-and-child relationship and all the benefits and legal obligations of the named father associated therewith.

Entiendo que la forma del Reconocimiento Voluntario de Paternidad que firmé se rescindirá (cancelará) y el nombre del padre se quitará del certificado de nacimiento del niño SÓLO si esta forma es recibida en la Oficina de Registros Esenciales de Tennessee dentro de sesenta (60) días desde la fecha que se firmó el Reconocimiento Voluntario de Paternidad en la presencia de un notario público. Entiendo que a completar y archivar esta forma dentro de los límites de tiempo expresado arriba, se cancela la relación legal del padre y el niño y todos los beneficios y obligación legal del padre.

7. Current mailing address - Dirección: _____

Printed Name of Person - Nombre de la Persona en Letras de Molde

Signature of Person - Firma de la Persona

Seal

Subscribed and sworn before me this _____ day of _____, 20____

My commission expires _____, 20____
Signature of Notary - Firma del Notario _____ Mi comisión expira el _____

INSTRUCTIONS

1. This is a legal document. Please read it and complete it carefully.
2. Do not sign this form if you do not understand what it means.
3. Use black ink. Your signature must be notarized. Do not use any white out or erasures or the form will not be accepted.
4. Mail this completed form to:

Tennessee Vital Records Office
Central Services Building, 1st Floor
421 5th Avenue, North
Nashville, Tennessee 37247

5. You must enclose a fee of \$15.00 in the form of a check or money order payable to Tennessee Vital Records in order for this form to be processed.
6. The name of the father and other information concerning the father will be removed from the child's birth certificate ONLY if the completed form and the fee are received at the Tennessee Vital Records Office within sixty (60) days following the date you completed the Voluntary Acknowledgment of Paternity. The child's surname will be changed, if necessary, to the legal surname of the mother at the time of the child's birth.
7. If you wish to obtain a certified copy of the altered birth certificate, enclose an additional fee of \$7.00 for a short form (computer printed abstract) or \$12.00 for a long form (photocopy of the original document).
8. Retain a copy of this form as you have completed it before the Notary Public for your records.

INSTRUCCIONES

- 1) *Esto es un documento legal. Por favor leelo y llénalo cuidadosamente.*
- 2) *No firme esta forma si usted no entiende lo que significa.*
- 3) *Use solo tinta negra. Su firma debe ser verificada ante de un notario. No utilice ningún whiteout o las borradoras o la forma no será validada.*
- 4) *Envíe esta forma a:*

Tennessee Vital Records Office
Central Services Building, 1st Floor
421 5th Avenue North
Nashville, Tennessee 37247

- 5) *Usted debe de incluir un cheque o money order pagado a Tennessee Vital Records de \$15.00 dolares para poder procesar esta forma.*
- 6) *El nombre del padre y de la otra información referente al padre será quitado de la acta de nacimiento del niño solo si ha llenado este formulario y el dinero se reciben en la Oficina de Registros de Tennessee entre los sesenta (60) días que siguen la fecha que usted completaste el formulario del Reconocimiento Voluntario de Paternidad. En caso de necesidad, el apellido del niño será cambiado al apellido legal de la madre a la hora de nacimiento del niño.*
- 7) *Si usted desea obtener una copia certificada de la acta de nacimiento alterada, debe de incluir en el cheque o money order adicional de \$7.00 dolares para una forma corta (extracto de computadora) o \$12.00 dolares para una forma larga (fotocopia del documento original).*
- 8) *Cuando usted termina de llenar esta forma ante de un notario público este seguro de conservar una copia para sus ficheros.*

APPENDIX I

Rescission of Voluntary Acknowledgment of Paternity

The Rescission of Voluntary Acknowledgment of Paternity (English and Spanish versions) may be used to cancel a VAOP. The form was developed jointly by the Department of Health and the Department of Human Services in order to comply with the legal provisions that became effective July 1, 1997.

Either parent may request the Rescission form from the county health departments, the child support offices, or the Tennessee OVR.

See page 91 of this handbook for further information concerning the parent's requirements for use of the Rescission of Voluntary Acknowledgment of Paternity form.

APPENDIX J



STATE OF TENNESSEE
DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS
DEPARTMENT OF HUMAN SERVICES
TENNESSEE CODE ANNOTATED, SECTIONS 24-7-113 and 68-3-203

AFFIDAVIT OF INDIGENCE

*Declaración Jurada De La Indigencia
FOR Para el*

RESCISSON OF VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

Rescisión Del Reconocimiento Voluntario De Paternidad

INSTRUCTIONS:

1. If you are completely without money to pay the \$15.00 fee for the Rescission of Voluntary Acknowledgment of Paternity, follow the instructions on this form. Si usted está totalmente sin el dinero para pagar el honorario \$15.00 para la rescisión del reconocimiento voluntario de paternidad, siga las instrucciones en esta forma.
2. This is a legal document and is made under oath; read it carefully. You may be prosecuted for perjury for providing false statements on this affidavit. Esto es un documento jurídico y se hace bajo juramento: leélo cuidadosamente. Usted puede ser procesado para declaraciones falsas en esta declaración jurada.
3. This affidavit should be completed ONLY if you believe that you qualify for a waiver of the \$15.00 fee required to cancel the Voluntary Acknowledgment of Paternity, which you have signed previously. Esta declaración jurada debe ser llenado SOLAMENTE si usted cree que usted califica para una renuncia del honorario \$15.00 requerido para cancelar el reconocimiento voluntario de Paternity, que usted ha firmado anterior.
4. If you complete this affidavit, attach it to the completed Rescission of Voluntary Acknowledgment of Paternity form and submit both forms to the Tennessee Office of Vital Records. Si usted llena esta declaración jurada, únalas a la rescisión completado del reconocimiento voluntario de paternidad y someta ambas formas a la oficina de registros de Tennessee.

AFFIDAVIT

STATE OF _____
COUNTY OF _____

First being duly sworn according to law, affiant states under penalty of perjury:

Primer debido que es jureado según la ley, la persona bajo pena del testimonio falso a las cortes jura:

I am, _____ (NAME, PLEASE PRINT).
Yo soy _____ (Nombre en letras mayúscula)

I have completed a Rescission of Voluntary Acknowledgment of Paternity, which is attached to this Affidavit of Indigence. *He terminado una rescisión del reconocimiento voluntario de paternidad, que se une a esta declaración jurada de la indigencia*

I affirm that I qualify for the waiver of the \$15.00 fee for filing of the Rescission of Voluntary Acknowledgment of Paternity because of my poverty and I affirm that I am entitled to claim the exemption because I am completely unable to pay the required fee. *Afirmo que califico para la renuncia del honorario \$15.00 para registrar la rescisión del reconocimiento voluntario de Paternidad debido a mi pobreza y afirmo que tengo derecho a demandar la exención porque no puedo pagar el honorario requerido.*

Further affiant sayeth not. *La persona bajo juramento no tiene nada más para agregar.*

NAME-PLEASE PRINT Nombre en letras mayúscula

SIGNATURE Firma

Sworn to and subscribed before me this _____ day of _____.

NOTARY PUBLIC
PH-3500 (Rev. 4/03)

My Commission Expires
RDA N/A

APPENDIX J (continued)

Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity

The Rescission of Voluntary Acknowledgment of Paternity (English and Spanish versions) may be used by either parent and requires a \$15.00 fee to file the request. The law requires that indigent parents be given the opportunity to submit a Rescission form to the Tennessee OVR without the required \$15.00 fee.

With each Rescission form distributed by the county health department, child support office or the Tennessee OVR, the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity form should be made known to the parent.

See page 92 of this handbook for further information concerning the use of the Affidavit of Indigency for Rescission of Voluntary Acknowledgment of Paternity form.

APPENDIX K

Tennessee Code Annotated (T.C.A.) § 68-3-305 (Surname of Child)

§ 68-3-305. Father's name on birth certificate - Surname of child. (a) (1) If the mother was married at the time of either conception or birth, or anytime between conception and birth, to the natural father of the child, the name of the natural father shall be entered on the certificate and the surname of the child shall be entered on the certificate as one of the following:

- (A) The surname of the natural father; or
- (B) The surname of the natural father in combination with either the mother's surname or the mother's maiden surname.
- (2) If the surname of the child includes the mother's surname, mother's maiden surname, or any combination of those two (2) surnames but does not include the surname of the natural father, it may be so entered, but only upon the concurrent submission of a sworn application to that effect signed by both parents who mutually agree to that surname or combination of surnames.
- (3) If a surname is not chosen by the parents within the ten (10) days required for filing of the birth certificate, the father's surname shall be entered on the birth certificate as the surname of the child. Within this ten (10) day period, the father may file and submit a sworn statement to the hospital that states that the parents do not agree on a surname in which case the father's surname shall be entered on the birth certificate as the surname of the child.
- (4) If, within the first year after the child's date of birth, both the mother and the father sign and submit a sworn statement to the office of vital records that both parents wish to change the child's surname, then the office of vital records shall amend the child's birth certificate in accordance with the parents' request to change the child's surname if the chosen surname is either:
 - (A) The surname of the natural father;
 - (B) The surname of the mother;
 - (C) The mother's maiden surname; or
 - (D) Any combination of the surnames listed in subdivisions (a)(4)(A) through (a)(4)(C).
- (5) If, within the first year after the child's date of birth, the parents cannot mutually agree on a surname, either one can submit a signed, sworn statement that acknowledges the disagreement, states the father was not available within the time allowed by law for filing of the birth certificate to participate in the choice of his child's surname, and requesting that the name be changed to the father's surname in which

APPENDIX K (continued)

Tennessee Code Annotated (T.C.A.) § 68-3-305 (Surname of Child)

case the father's surname shall be entered on the amended birth certificate as the surname of the child.

(b)(1) If the mother was not married at the time of either conception or birth or between conception and birth, the name of the father shall not be entered on the certificate of birth and all information pertaining to the father shall be omitted, and the surname of the child shall be that of either:

- (A) The surname of the mother;
- (B) The mother's maiden surname; or
- (C) Any combination of the surnames listed in subdivisions (b)(1)(A) and (b)(1)(B).

(2)(A) If an original, sworn acknowledgment signed by both the mother and the biological father of the child on a form provided by the state registrar or the department of human services is submitted to the office of vital records, at any time prior to the child's nineteenth birthday, the legal surname of the father may be entered on the certificate as that of the child, and the father's name and other personal information may be entered in the spaces provided on the birth certificate, notwithstanding the absence of a marriage relationship between the parents of the child.

(B) The acknowledgment form shall be in the form of an affidavit, shall contain the social security numbers of the mother and father of the child and shall be approved by the state registrar and the department of human services. The state registrar and the department of human services shall modify the form to comply with the minimum regulations for such form which are finalized by the secretary of health and human services. An acknowledgment executed in conformity with this section shall be valid as long as it is executed on a form approved by the state registrar and the department of human services. A voluntary acknowledgment of paternity may be completed by a minor if a parent or legal guardian of the minor is present and consents at the time of completion of the acknowledgment.

(C) A legitimation by subsequent marriage of the individuals shown on the certificate of birth as the father and mother shall not require a new certificate of birth and the provisions of §§ 68-3-310(3), 68-3-311, and 68-3-313 shall not apply.

(3) Upon request of the department of human services or any of its contractors in the child support program established under Title IV-D of the Social Security Act, the office of vital records shall provide to them a certified copy of the acknowledgment of paternity form executed under this part.

APPENDIX K (continued)

Tennessee Code Annotated (T.C.A.) § 68-3-305 (Surname of Child)

- (c) In any case in which paternity of a child is determined by a court of competent jurisdiction, the name of the father and surname of the child shall be entered on the certificate of birth in accordance with the finding and order of the court.
- (d) In all other cases, the surname of the child shall be either:
 - (1) The surname of the mother; or
 - (2) The mother's maiden surname; or
 - (3) Any combination of the surnames listed in subdivisions (d)(1) and (d)(2).
- (e) If the father is not named on the certificate of birth, no other information about the father shall be entered on the certificate.

[Acts 1977, ch. 128, § 6; T.C.A., § 53-445; Acts 1985, ch. 11, § 2; 1994, ch. 988, § 12.; 1997, ch. 551; §§ 40, 42; 2003, ch. 214, §§ 1, 2.]

APPENDIX L

Tennessee Code Annotated (T.C.A.) § 36-2-304 (Presumption of Parentage)

§ 36-2-304. Presumption of parentage - "(a) A man is rebuttably presumed to be the father of a child if:

- (1) He and the child's mother are married or have been married to each other and the child is born during the marriage or within three hundred (300) days after the marriage is terminated by death, annulment, declaration of invalidity, or divorce;
- (2) Before the child's birth, he and the mother have attempted to marry each other in compliance with the law, although the attempted marriage is or could be declared illegal, void and voidable;
- (3) After the child's birth, he and the mother have married or attempted to marry each other in compliance with the law although such marriage is or could be declared illegal, void, or voidable; and: . . ."

APPENDIX M

Standard State and Country Abbreviations

<u>State</u>	<u>Abbreviation</u>	<u>State</u>	<u>Abbreviation</u>
Alabama	AL	Montana	MT
Alaska	AK	Nebraska	NE
Arizona	AZ	Nevada	NV
Arkansas	AR	New Hampshire	NH
California	CA	New Jersey	NJ
Colorado	CO	New Mexico	NM
Connecticut	CT	New York	NY
Delaware	DE	North Carolina	NC
District of Columbia	DC	North Dakota	ND
Florida	FL	Ohio	OH
Georgia	GA	Oklahoma	OK
Hawaii	HI	Oregon	OR
Idaho	ID	Pennsylvania	PA
Illinois	IL	Rhode Island	RI
Indiana	IN	South Carolina	SC
Iowa	IA	South Dakota	SD
Kansas	KS	Tennessee	TN
Kentucky	KY	Texas	TX
Louisiana	LA	UTA	UT
Maine	ME	Vermont	VT
Maryland	MD	Virginia	VA
Massachusetts	MA	Washington	WA
Michigan	MI	West Virginia	WV
Minnesota	MN	Wisconsin	WI
Mississippi	MS	Wyoming	WY
Missouri	MO		

<u>Country</u>	<u>Abbreviation</u>
Canada	CD
Cuba	CU
Guam	GU
Mexico	MX
Puerto Rico	PR
Virgin Islands	VI

APPENDIX M2

Canadian Provinces and Standard Abbreviations (for use with residence item)

<u>Province</u>	<u>Abbreviation</u>
Alberta	AB
British Columbia	BC
Manitoba	MB
New Brunswick	NB
Newfoundland	NF
Northwest Territories	NT
Nova Scotia	NS
Nunavut	UN
Ontario	ON
Prince Edward Island	PE
Québec	QC
Saskatchewan	SK
Yukon Territory	YT

APPENDIX N

Hispanic Origin - Other Entries Reported on Certificates and Reports

The checkbox in items 24 and 27 (birth certificate) and items 12a and 12b (fetal death report) should be checked 'Yes' if one of the following entries is given as the specific Hispanic group entered on the 'Specify' line. Otherwise, check 'No.'

Andalusian	Honduras (Hondureno)
Argentina (Argentino)	Iberia (Ibero)
Asturias	
Balea ^{ic} Islands	La Raza
Basque	Latin
Belizian	Latin American
Bolivan (Boliviano)	Latino
Boricua (Borinqueno)	Majorca
Californio	Mallorca (Mallorquin)
Canal Zone	Meso American Indian
Canary Islands	Mestizo
Caribbean	Mexican (Mexicano)
Castilian	Mexican American
Catalonia	Mexico
Centroamericano	Mexican American Indian
Central American Indian	
Chicano	Nuevo Mexicano
Chile (Chileno)	Nicaragua (Nicaraguense)
Colombia (Colombiano)	Panama (Panameno)
Costa Rica (Costarricense)	Paraguay (Paraguayo)
Criollo	Peru (Peruano)
Cuban (Cubano)	Puerto Rican (Puertorriqueno)
Dominican Republic (Dominicano)	Salvadoreno
Ecuador (Ecuatorino)	South American
El Salvador	South American Indian
Espana	Spain
Espanol	Spaniard
Falkland Islands	Spanish
Fernando Po	Spanish American
Galapagos Islands	Spanish American Indian
Gallego	Tejano
Guatemala (Guatemalteco)	Uruguay (Uruguayo)
Hispanic	Valencian
Hispano	Venezuela (Venezolano)

APPENDIX O

Race - Other Entries Reported on Certificates and Reports

Afghanistan	Bilalian
African	Biracial
Alaskan Indian	Blanc
Aleut	Bohemian
Algerian	Bolivian
Alocona	Brava (Bravo)
Ameriasian	Brazilian
American	British Honduran
American Indian	Burmese
Amish	
Anglo-Saxon	Cajun
Arabian	Cambodian
Argentinian	Canadian
Armenian	Canadian Indian
Aryan	Cape Verde
Asian Indian	Carib
Asiatic	Caucasian
Assyrian	Central American Indian
Athapaskan	Ceylonese
Australian	Chamorro
Austrian	Chicano
Azores	Chinese
	Chuukese
Bahamian	Colestran
Bangladeshi	Colombian
Basque	Cosmopolitan
Bavarian	Costa Rican
Begri	Creole
Belizian	Crucian

Cuban	Guam (ian) (ese)
Czechoslovakian	Guatemalan
	Guyanese
Dominican	Gypsy
Dutch East Indian	
	Haitian
East Indian	Hamitic
East Indies	Hawaiian
Ebian	Hebrew
Ecuadorian	Hindu
Egyptian	Hispanic
English	Honduran
English-French	Hungarian
English-Irish	
Eritrean	Icelandic
Eskimoan	India
Ethiopia (n)	Indo-Aryan
Eurasian	Indonesian
European	Iran (ian)
	Iraqi
Fijian	Irish
Filipino	Islamic
Finnish	Israelite
French	Italian
French Canadian	
French Indian	Jackson (Jack) White
Georgian	Jamaican
German	Japanese
Ghanaian	Java
Gilbertese	Jew
Greek	Jordanian

	Moor
Kenyan	Moroccan
Korean	Moslem
Kuwaitian	Mosotho
	Mugandan
Ladina (Ladino)	Mulatto
Laotian (Asian)	Multi-racial
Latin American	Muslim
Latvian	
Lebanese	Nassau
Liberian	Native American
Libyan	Nepalese
Lithuanian	Nicaraguan
	Nigerian
Malada	Nipponese (Nipon)
Malawian	Nordic
Malayan	North American Indian
Maltese	Norwegian
Maori	Nubian
Marshalliese	Occidental
Marshenese	Octaroon
Mauritian	Okinawan
Mediterranean	
Melanesian	Pakistani
Mestizo	Palauan
Mestizo-Inca	Panamanian
Mexican	Parsi
Mexican Indian	Persian
Micronesian	Phoenician
Mixed	Peruvian
Mohammedan (Moslem)	Polish

Polynesian	Singhalese
Ponapean	Sino Burman
Portuguese	Slovakian
Puerto Rican	Soanian
Punjabi	South American
	South American Indian
Quadroon	Spanish
	Sudanese
Red	Sunni
Romanian	Swedish
Rotanese	Syrian
Russian	
Ryukyan	Tahitian
	Taimskin
Saipanese	Taiwanese
Salvadorian	Tamil-Ceylonese
Samoa (n)	Tamil-Malayan
Santo-Domingo	Tanzanian
Saudi Arabia (n)	Teutonic
Saxon (y)	Thai
Scandinavian	Tibetan
Scotch	Tongan
Selawik	Trigueno
Semitic	Trinidadian
Serbian	Trukese
Servian	Tunisian
Seychelloise	Turk
Siamese	
Siamsh Am	Ubontilian
Sicilian	Ugandan
Sikh	Ukrainian

Ulithian

Ute

Venezuela (n)

Vietnam (ese)

Welsh

West Indies (Indian)

Wiam (White American)

Yapanes

Yemenite

Yugoslavian

Zoroastrian

APPENDIX P

APPENDIX Q

Occupation and Industry - Illustrations of Acceptable Entries for Both

The following examples illustrate the method for reporting some of the more common occupations and related industries for use on the Report of Fetal Death (Stillbirth)(Items 14a-d).

<u>Occupation</u>	<u>Business/industry</u>
Accountant.....	Internal Revenue Service
Attorney.....	Self-employed
Attorney.....	Legal Aid Society
Auditor.....	Savings and loan
Auto mechanic.....	Auto repair shop
Bookkeeper.....	Wholesale drugs
Bulldozer operator.....	County highway department
Camera operator.....	Television station
Carpenter.....	Building construction
Carpenter's helper.....	General contracting
Carpet installer.....	Retail carpet sales and installation company
Cashier.....	Bank
Chaplain.....	State prison
Chauffeur.....	City fire department
Chauffeur.....	Taxicab company
Chemist.....	Plastic film manufacturing
College professor.....	State university
Computer operator.....	Gas company
Computer programmer.....	Life insurance company
Construction contractor.....	General contracting
Delivery driver.....	Wholesale bakery
Dentist.....	County health department
Dressmaker.....	Dressmaking plant
Electrical engineer.....	Chemical plant
Electrician.....	Electric light and power company
Farmhand.....	Dairy farm
Field examiner.....	Veterans Administration (U.S. Government)
Fireman, city.....	Volunteer fire department
Flight engineer.....	Aircraft company (manufacturing, retail, or wholesale)
Geologist.....	Petroleum exploration
Groundskeeper.....	Entertainment park
Housewife or homemaker.....	Own home

APPENDIX Q

Insurance agent	Life insurance company
Janitor	City office building
Judge	County court
Keypunch operator	City board of health
Licensed practical nurse	Manufacturing plant employee clinic
Mechanic, auto	Engine repair shop
Medical doctor	Board of health (State Government)
Miner	Coal mine
Motor operator (retired)	Urban transit system
Musician	Recording company
Owner (Embalmer and Manager)	Funeral home
Owner/Manager	Retail grocery store
Physician	Medical center
Pilot	Commercial airline
Plant manager	Petroleum refinery
President	Business college
Printer (Apprentice)	Printing shop
Production cost estimator	Auto body repair shop
Professor (English)	College
Quarry worker	Marble quarry
Radio operator	College radio station
Receptionist	Dentist's office
Registered nurse	Hospital
Secretary	Travel agency
Senator	U.S. Congress
Shipping clerk	Paper box factory
Stationary firefighter	Steel mill
Student	Junior college
Supervisor (Weaving)	Cotton cloth mill
Supervisor (Office)	Health and accident insurance company
Teacher, elementary school	City elementary school
Teacher, kindergarten	Private kindergarten
Teacher, high school	Private church school
Teacher, preschool	County elementary school
Teamster (Tractor Driver)	Logging camp
Truck driver	Moving and storage
Typist	Printing office
Weaver	Cotton cloth mill
X-Ray technician	City hospital

These examples of acceptable entries of occupation and related business/industry contain titles developed by the U.S. Bureau of the Census for proper classification of the labor force. These are provided as a guide for proper reporting.

APPENDIX R

Medical Definitions for Report of Fetal Death (Stillbirth)

Information regarding the mother's medical conditions and the fetus' congenital anomalies are to be completed by the attendant or designated representative.

Item 23a. Medical risk factors for this pregnancy (check all that apply)

01 Anemia - (Hct. less than 30 or Hgb. less than 10) - A symptom of some underlying disease (e.g., iron deficiency, chronic blood loss, sickle cell anemia) which manifests itself by weakness, ease of fatigue, and drowsiness. It is clinically defined as a hemoglobin level of less than 10.0 g/dl during pregnancy or a hematocrit of less than 30 percent during pregnancy.

02 Cardiac Disease - Mother has diagnosis of a disease of the heart, such as rheumatic heart disease, congenital heart disease, cyanotic heart disease, coronary thrombosis, bacterial endocarditis, cardiomyopathy, mitral valve prolapse, cardiovascular complications from Marfan syndrome, coarctation of the aorta, or kyphoscoliotic heart disease during this pregnancy.

- ◆ Synonyms to be included in this item:

Angina	Aortic/Mitral stenosis
Arrhythmia	Atrial/ventricular fibrillation
Cardiomegaly	Cardiomyopathy
Cardiovascular disease	Congenital heart disease (mother)
Congestive heart failure (CHF)	Cor pulmonale
Endocarditis	Mitral valve prolapse (MVP)
Myocarditis	Myocardial infarction (MI)
Pericarditis	Rheumatic heart disease
Valvular disease	Tachycardia

03 Acute or Chronic Lung Disease - Mother has diagnosis of a disease of the lungs during this pregnancy. Acute is a short and sharp course of lung disease like pneumonia or acute bronchitis. Chronic is of long duration, denoting a disease of slow progress and long continuance, like tuberculosis, cystic fibrosis, chronic bronchitis, chronic obstructive bronchitis, pulmonary edema, chronic obstructive emphysema, persistent asthma, chronic asthmatic bronchitis (the latter six make up chronic obstructive pulmonary disease (COPD)).

◆ Synonyms to be included in this item:

Asthma	Atelectasis
Bronchiectasis	Bronchiolitis
Bronchitis	Emphysema
Chronic obstructive	Pneumonia
pulmonary disease (COPD)	Tuberculosis
Pulmonary fibrosis	

04 Diabetes - Mother has diagnosis of type 1, juvenile onset diabetes, type 2, adult onset diabetes, or gestational diabetes mellitus during this pregnancy. Do not include family history of diabetes. Also note that juvenile diabetes can occur at any age.

Insulin Dependent - A syndrome resulting from a variable interaction of hereditary and environmental factors, and characterized by abnormal insulin secretion, inappropriately elevated blood glucose levels, and a variety of end organ complications including nephropathy, retinopathy, neuropathy, and accelerated atherosclerosis.

Insulin Dependent defines a group who is literally dependent on exogenous insulin to prevent ketoacidosis and death. (Former names: juvenile diabetes, juvenile-onset diabetes, ketosis-prone diabetes, and Brittle diabetes).

Other Diabetes - Non-insulin dependent diabetes mellitus (non-obese or obese) individuals who may or may not use insulin for symptom control but who do not need it for survival. (Former names: adult-onset diabetes, maturity-onset diabetes, ketosis resistant diabetes, stable diabetes, maturity-onset diabetes of youth).

Gestational diabetes, where glucose intolerance develops or is discovered during pregnancy (often during 2nd or 3rd trimester). It usually disappears or becomes subclinical following the end of pregnancy.

Secondary diabetes - where it is associated with certain conditions and symptoms such as pancreatic disease, changes in other hormones besides insulin, insulin receptor abnormalities, genetic syndromes and malnourished populations.

05 Active Genital Herpes - Infection of the skin of the genital area by herpes simplex virus. Lesions frequently develop four to seven days after contact. The condition tends to recur because the virus established latent infection of the sacral sensory nerve ganglia, from which it reactivates and reinfects the skin. Most fetal infection occurs because the virus was shed

from the cervix or lower genital tract and then either invades the uterus following rupture of the membranes or contacts the fetus with passage through the genital tract.

06 Hydramnios – Hydramnios or polyhydramnios is an excessive volume of amniotic fluid, somewhat arbitrarily defined as greater than 2,000 ml. Diagnosis is usually based on clinical impression or sonographic estimation. Hydramnios sufficient to cause clinical symptoms (usually > 3,000 ml.) occurs in about 1 in 1,000 pregnancies excluding multifetal pregnancies. Hydramnios is associated with central nervous system defects, gastrointestinal tract defects, and other birth defects. Also the incidence is increased by diabetes, hydropic variety of erythroblastosis and multifetal pregnancies.

07 Oligohydramnios – Volume of amniotic fluid falls or is far below normal, sometimes only a few ml. of viscid fluid. Cause is not understood. It is often observed with post-term births. Risk of cord compression and, in turn, fetal distress is increased. Oligohydramnios is almost always evident when there is either obstruction of the fetal urinary tract or renal agenesis. Fetal pulmonary hypoplasia is very common with oligohydramnios.

08 Hemoglobinopathy - A hematologic disorder caused by alteration in the genetically determined molecular structure of hemoglobin, which results in a characteristic complex of clinical and laboratory abnormalities and often, but not always, overt anemia. Most common sickle cell hemoglobinopathies are sickle cell anemia, sickle cell-hemoglobin C disease and sickle cell-B-thalassemia disease. Other hemoglobinopathies are hemoglobin E and C disease. Hb E is found mostly in Southeast Asians and Black population. Thalassemias are particularly common in persons of Mediterranean, African and Southeast Asian ancestry. Maternal morbidity and mortality, abortion, and perinatal mortality are appreciably but not uniformly increased with all of these diseases.

09 Hypertension, Chronic - Blood pressure persistently greater than 140/90, diagnosed prior to the onset of the pregnancy or before the 20th week of gestation.

10 Hypertension, Pregnancy-Induced - An increase in blood pressure of at least 30 mm Hg systolic or 15 mm Hg diastolic on two measurements taken 6 hours apart after the 20th week of gestation. The development of hypertension plus proteinuria or edema that is generalized and overt with onset rarely earlier than the 20th week of gestation. The blood pressure is 140/90 or greater, or there has been an increase of 30 mm Hg systolic or 15 mm Hg diastolic over baseline values on at least two occasions six or more hours apart. It is almost exclusively a disease of the nulliparous

woman. Factors associated with the disease are: extremes of reproductive age, multifetal pregnancy, fetal hydrops, vascular disease, including essential chronic hypertension and diabetes mellitus, coexisting renal disease, preeclampsia, and toxemia.

11 Eclampsia – The occurrence of convulsions and/or coma unrelated to other cerebral conditions in women with signs and symptoms of preeclampsia. Occurs in neglected or, less often, fulminate cases of pregnancy-induced hypertension. Seizures are of grand mal type and may first appear before labor, during labor, up to 48 hours postpartum.

- ◆ Synonyms to be included in this item:
Toxemia with seizures

12 Incompetent Cervix – Characterized by painless dilation of the cervix in the second trimester or early in the third trimester of pregnancy, with prolapse of membranes through the cervix and ballooning of the membranes into the vagina, followed by rupture of the membranes and subsequent expulsion of a fetus.

- ◆ Synonyms to be included in this item:
Cerclage
McDonald cerclage
Shirodkar suture or procedure

13 Previous Infant 4000+ Grams (8 lbs. 14 oz+) - The birth weight of a previous live-born child was over 4,000 grams (8 pounds, 14 ounces).

14 Previous Preterm Infant (less than 37 weeks) – Previous birth of an infant prior to term usually considered earlier than 37 completed weeks of gestation. Do not include fetal deaths.

15 Previous Small-For-Gestational-Age Infant - Previous birth of an infant weighing less than the tenth percentile for gestational age using a standard weight for age chart. Check this item only for live births.

16 Renal Disease – Mother has diagnosis of a kidney disease, such as, acute or chronic pyelonephritis, glomerulonephritis, nephrosis, acute tubular necrosis, renal cortical necrosis, obstructive renal failure, diabetic nephropathy or polycystic kidney disease during this pregnancy. This is one of the most frequent medical complications of pregnancy.

- ◆ Synonyms to be included in this item:
Glomerulonephritis
Kidney stone
Nephropathy
Pyelonephritis
- Hydronephrosis
Nephritis
Nephrosis
Renal Failure

17 Rh Sensitization - The process or state of becoming sensitized to the Rh factor (i.e., Rh antigen(s), especially D antigen) as when an Rh-negative woman is pregnant with an Rh-positive fetus. Unless mother was previously sensitized by transfusion, a first pregnancy is rarely affected. The risks of sensitization increase with each subsequent pregnancy.

Do not include preventive measures such as the use of Rhogam.

18 Uterine Bleeding - Any clinically significant bleeding during the pregnancy taking into consideration of the gestational age of the patient. Any second or third trimester bleeding of the uterus prior to the onset of labor. Conditions that predispose to uterine bleeding prior to labor onset are any abnormal placental implantation or development, trauma, overdistended uterus (multifetal pregnancy, hydramnios, distended with blood), small maternal blood volume and coagulation defects.

19 Other (Specify) – Other medical risk factors experienced by the mother that may cause or contribute to complications of this pregnancy. Examples are AIDS, preeclampsia, rubella, syphilis, gonorrhea, early onset of delivery and mental disorder.

Notice: The following conditions should not be listed in question 23a.

- Twins
- Previous C-section
- Advanced maternal age
- Teenage mother
- Late prenatal care
- No prenatal care
- Previous fetal death
- Heart or lung complications resulting from anesthesia, surgery, or drugs used in this delivery

Item 24. Obstetric procedures (check all that apply)

01 Amniocentesis – Surgical transabdominal perforation of the uterus to obtain amniotic fluid to be used in the detection of genetic disorders, fetal abnormalities (especially neural tube defects), and fetal lung maturity. The procedure is done between the 15th and 16th week of gestation with results available in weeks.

02 Electronic Fetal Monitoring-Internal - Internal leads may be placed, with an electrode attached to the fetal scalp and a catheter through the cervix into the uterus to measure amniotic fluid pressure. Internal fetal

monitoring provides more reliable information about fetal heart rate patterns and uterine contraction patterns than external.

03 Electronic Fetal Monitoring-External - Monitoring with external devices applied to the maternal abdomen, detect and record fetal heart tones and uterine contractions. External fetal monitoring can also be used as a non-stress test (NST) or as a contraction stress test (CST), sometimes called the oxytocin challenge test (OCT). In these tests, fetal heart rate is recorded and compared to fetal movement (NST), or to contractions induced by oxytocin (OCT) or those occurring spontaneously. These tests are frequently used to monitor problem pregnancies.

04 Induction of Labor - The initiation of uterine contractions before the spontaneous onset of labor by medical and/or surgical means for the purpose of delivery.

- ◆ Synonyms to be included in this item:
Amniotomy AROM (if labor has not yet begun)
Pitocin
Prostaglandin
Prostin gel

05 Stimulation of Labor – Augmentation of previously established labor by use of oxytocin.

- ◆ Synonyms to be included in this item:
Amniotomy/AROM-if labor is stalled
Augmentation

06 Tocolysis – Use of medications to inhibit preterm uterine contractions to extend the length of pregnancy and therefore avoid a preterm birth. Bedrest and tocolytic agents (e.g., magnesium sulfate, B-Adrenergic receptor stimulants (ritodrine, terbutaline, fenoterol) are used to attempt to arrest labor. Delivery is considered more advantageous than pharmacologic intervention if the pregnancy is beyond the 32nd week.

07 Ultrasound – Visualization of the fetus and the placenta by means of sound waves. Its primary usages are to date the fetus; detect sudden changes in fetal growth; detect multifetal pregnancies, certain fetal abnormalities, and complications of pregnancy (e.g., placenta previa).

- ◆ Synonym to be included in this item:
Sonogram

08 Chorionic Villus Sampling - A sample of chorionic villi is obtained by inserting a flexible catheter through the vagina and cervix, and advancing it to the site of fetal implantation under direct ultrasound guidance. About 10 to 30 mg of villi are then aspirated into a syringe; any contaminating

maternal tissue is removed under a dissecting microscope; and karyotypes can then be prepared directly from the villi. It is done at 8 to 10 weeks of gestation and results are available within hours or days. It is done to detect genetic defects.

- ◆ Synonym to be included in this item:
CVS

09 Other (Specify) - An example would be X-rays.

Item 25. Complications of labor and/or delivery (check all that apply)

01 Febrile (more than 100 degrees F. or 38 C.) - A fever greater than 100⁰ or 38⁰ occurring during labor and/or delivery.

02 Meconium, Moderate/Heavy - Meconium consists of undigested debris from swallowed amniotic fluid, various products of secretion, excretion and desquamation by the gastrointestinal tract. Moderate to heavy amounts of meconium in the amniotic fluid noted during labor and/or delivery.

03 Premature Rupture of Membranes (more than 12 hours, but less than 24 hours) - Rupture of the membranes at any time during pregnancy and greater than 12 hours but less than 24 hours before the onset of labor. Premature rupture of the membranes is an important cause of perinatal morbidity and mortality.

- ◆ Synonym to be included in this item:
PROM (if greater than 12 hours, but less than 24 hours)

04 Prolonged Rupture of Membranes (more than 24 hours prior to delivery) - Rupture of the membranes occurred more than 24 hours prior to onset of labor.

- ◆ Synonyms to be included in this item:
PROM (if greater than 24 hours)

05 Abruptio Placenta - Premature separation of a normally implanted placenta from the uterus. Hemorrhage may be external (pass through the cervix) or concealed (retained behind the placenta). The placenta is an organ joining the mother and offspring, providing endocrine secretion and selective exchange of soluble, but not particulate. The condition is associated with poor perinatal outcome.

06 Placenta Previa - Implantation of the placenta over or near the internal os (opening) of the cervix. The placenta may cover the internal os completely (total previa) or partially (partial previa) or it may encroach on the internal os (low implantation or marginal previa). The most

characteristic event in placenta previa is painless hemorrhage, which usually does not appear until near the end of the second trimester later. It frequently cannot be distinguished from abruptio placenta by clinical findings. The best way to differentiate is by ultrasound.

07 Other Excessive Bleeding – The loss of a significant amount of blood from conditions other than abruptio placenta or placenta previa. There are many other causes of hemorrhage during labor and/or delivery (e.g., trauma, uterine atony, small maternal blood volume, coagulation defects.)

08 Seizures During Labor – Seizures occurring during labor because of epilepsy, encephalitis, meningitis, cerebral tumor, acute porphyria, ruptured cerebral aneurysm, hysteria, eclampsia or any other etiology.

09 Precipitous Labor (less than 3 hours) - Extremely rapid labor and delivery lasting less than three hours.

10 Prolonged Labor (more than 20 hours) – Abnormally slow progress of labor (greater than 20 hours) because of weak or non-coordinated uterine forces, inadequate forces generated by the voluntary muscles, faulty presentation or abnormal development of the fetus and/or abnormalities of the birth canal.

11 Dysfunctional Labor - Same as dystocia (literally difficult labor) and same things as noted for prolonged labor.

- ◆ Synonyms to be included in this item:

Arrest of dilation	Arrest/non-progression of labor
Atony of uterus	Desultory labor
Failure to progress	Irregular labor
Hypertonic/incoordinate/ prolonged contractions	Prolonged active/ latent phase
Transverse arrest	Uterine inertia
Uninducible cervix	

12 Breech - At birth, the presentation of the fetal buttocks rather than the head. There are several varieties of breech presentation: frank breech, complete breech, and single or double footling presentation.

13 Malpresentation- Other malpresentations other than breech (e.g., face, brow, shoulder, compound).

- ◆ Synonyms to be included in this item:
Face/brow presentation Footling
Oblique presentation Persistent occiput posterior
Prolapsed arm Transverse lie
Unstable lie

14 Cephalopelvic Disproportion – A condition in which the relationship of the size, presentation and position of the fetal head to the maternal pelvis prevents dilation of the cervix and/or descent of the fetal head.

- ◆ Synonyms to be included in this item:
Abnormality of pelvis
Contracted pelvis
CPD
Fetal abnormality causing disproportion
Fetopelvic disproportion

15 Cord Prolapse – Premature expulsion of the umbilical cord in labor before the fetus is delivered. Occult prolapse occurs with intact membranes when the cord presents ahead of the presenting part or is trapped in front of a shoulder. Overt prolapse occurs with ruptured membranes when the cord presents in front of the presenting part, most commonly with breech presentation. Unless prompt delivery is accomplished, fetal death results from compression of the cord between the presenting part and the margin of the pelvic inlet.

16 Anesthetic Complications - Any complication during labor and/or delivery brought on by an anesthetic agent/s (e.g., aspiration, hypotension, spinal blockage with respiratory paralysis, hypertension, bladder dysfunction).

17 Fetal Distress – Signs indicating fetal hypoxia which may include persistent abnormal fetal heart rate patterns, low scalp pH, significant meconium staining of amniotic fluid, low cord pH, at one minute Apgar score less than 3 or at 5 minutes Apgar score less than 5.

- ◆ Synonyms to be included in this item:
Decreased FHT variability
Extended fetal bradycardia
Fetal intolerance to labor
Multiple late decelerations

18 Other – Labor and delivery conditions that are not listed above

Notice - Do not list the following conditions in question 25 for any checkbox:

Post-term
Premature labor
Preterm labor
Previous C-section
Preeclampsia

Item 26. Method of delivery

The definitions for the methods of delivery are not included in this handbook.

Item 27. Congenital anomalies of fetus (check all that apply)

01 Anencephalus – Absence of the cerebral hemispheres. Varying portions of the brainstem and spinal cord may be missing or malformed. These infants either are stillborn or die within a few days.

- ◆ Synonyms to be included in this item:

Acrania	Amyelencephalus
Anencephalic	Anencephaly
Heminaencephaly	Hemicephaly

02 Spina Bifida/Meningocele - Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude. Spina bifida is a defective closure of the vertebral column. In spina bifida cystica, the protruding sac can contain meninges (meningocele) spinal cord (myelocele), or both myelomeningocele).

- ◆ Synonyms to be included in this item:

Meningomyelocele	Hydromeningocele
Myelocystocele	Myelocele
Syringomyelocele	Rachischisis

03 Hydrocephalus – Excessive accumulation of cerebrospinal fluid within the ventricles of the brain with consequent enlargement of the cranium. Associated defects are common, with spina bifida occurring in about one-third of the cases.

04 Microcephalus - A significantly small head usually associated with DeLange's syndrome, rubella, toxoplasmosis, cytomegalic inclusion disease, cebcephaly, and various chromosomal abnormalities.

- ◆ Synonyms to be included in this item:
 - Hydromicrocephaly
 - Micrencephalon
 - Microcephaly

05 Other Central Nervous System Anomalies (Specify) - Other anomalies of the central nervous system such as encephalocele, reduction deformities of the brain, and other specified anomalies of brain, spinal cord, and nervous system.

06 Heart Malformations - Congenital anomalies of the heart such as transposition of great vessels, Tetralogy of Fallot, ventricular septal defect, endocardial cushion defects, anomalies of pulmonary valve, tricuspid atresia and stenosis, stenosis and insufficiency of aortic valve.

- ◆ Synonyms to be included in this item:

Atresia/insufficiency/stenosis of Pulmonary valve	Cor Biloculare
Atrial septal defect	Dextrocardia
Common atrium/AV canal/truncus/ventricle	Malposition of heart
Ectopia cordis	Septal defect
Endocardial cushion defects	Single ventricle
Epstein's anomaly	Taussig-Bing
Hypoplastic left heart syndrome	
syndrome	
Pericardial defect	Uhls disease

07 Other Circulatory/Respiratory Anomalies (Specify) - List circulatory anomalies such as, patent ductus arterioles, coarctation of the aorta, etc. Anomalies of the respiratory system such as choanal atresia, congenital cystic lung and agenesis, hypoplasia and dysphasia of lung.

08 Rectal Atresia/Stenosis - Congenital absence, closure or narrowing of the rectum, atresia and stenosis of large intestine and anal canal.

- ◆ Synonyms to be included in this item:
 - Imperforate anus/rectum
 - Stricture of anus/rectum

development of the kidney or kidneys.

- ◆ Synonyms to be included in this item:
Absence of kidney
Atrophy of kidney
Hypoplasia of kidney

14 Other Urogenital Anomalies (Specify) – Other congenital anomalies of the organs concerned in the production and excretion of urine, together with organs of reproduction. Other anomalies of the urinary system could be cystic kidney disease, obstructive defects of renal pelvis and ureter, exstrophy of urinary bladder, atresia and stenosis of urethra and bladder neck.

15 Cleft Lip/Palate - Cleft lip is a fissure or elongated opening of the lip due to a failure to fuse during the embryonic development. It is also called a harelip. Cleft palate is a fissure in the roof of the mouth due to a failure of the soft and bony palate to unite during embryonic development.

◆ Synonyms to be included in this item:

Cheiloschisis	Cleft uvula
Harelip	Labium leporinum
Palate fissure	Palatoschisis

16 Polydactyly/Syndactyly/Adactyly – Polydactyly is the presence of more than five digits on either hands and/or feet. Syndactyly is having fused or webbed fingers and/or toes. Adactyly is the absence of fingers and/or toes.

◆ Synonyms to be included in this item:

Absence of fingers/toes	Accessory fingers/toes
Fusion of fingers or toes	Supernumerary digits
Symphalangy	Webbed fingers/toes

17 Club Foot – Talipes equinovarus, calcaneus, cavus, percutaneous, valgus, varus and/or other deformities of the foot, which is twisted out of shape or position.

18 Diaphragmatic Hernia – Herniation of the abdominal contents through the diaphragm into the thoracic cavity usually resulting in respiratory distress. Also includes other anomalies of the diaphragm.

19 Other Musculoskeletal/Integumental Anomalies - Other congenital anomalies of the muscles, skeleton or the enveloping membrane of the body (skin). Examples of musculoskeletal anomalies are congenital dislocation of hip, varus and valgus deformities of feet, reduction deformities of upper and/or lower limbs, anomalies of shoulder girdle, pelvic girdle, skull and facebone, spine, chondrodyostrophy,

osteodystrophies, and specified anomalies of muscle, tendon, facial and connective tissue. Some congenital anomalies of the integument are hereditary edema of legs, ichthyosis congenital, vascular hamartomas, specified and unspecified anomalies of hair, nails and breast or a large hemangioma.

20 Down Syndrome - Mongolism, Translocation Down Syndrome, Trisomy 21 or 22, G. The most common chromosomal defect with most cases resulting from an extra chromosome (Trisomy 21). The faces of the infants are mongoloid, with narrow, slanting, closely set palpebra fissures. The tongue is thick and fissured, and the palatal arch is often high. Fingers are stubby and mental retardation subsequently becomes apparent. Congenital heart disease is found in about 35 percent of patients with atrioventricular canal defect and ventricular septal defects being the most common. The risk of having a child with Down Syndrome increases with age. However, the majority are born to women in their twenties because of the high drop off of the fertility rate after that period.

- ◆ Synonyms to be included in this item:
Mongolism
Trisomy 21

21 Other Chromosomal Anomalies (Specify) – All other chromosomal aberrations, for example, Patau's syndrome, Trisomy 13-15, Trisomy 16-18, Edward's syndrome, autosomal deletion syndromes, Cri-du-chat syndrome, autosomal translocation, XO syndrome, Klinefelter's syndrome, XXX syndrome.

22 Other (Specify) - Other congenital anomalies not mentioned above. This includes the following anomalies:

- Anomalies of eye
- Anomalies of ear, face, neck
- Other – upper alimentary tract
- Other – digestive system
- Other and unspecified congenital anomalies

Notice – Do not include the following conditions in item 27:

- Congenital hemangioma
- Congenital neoplasm
- Respiratory distress
- Ankyloglossia
- Heart murmur
- Hip click
- Skin tags
- Tongue tie

Source: Prepared for the Association of Vital Records and Health Statistics by the Ad Hoc Committee on Medical Definitions, June 1990, and adapted for use in Tennessee for the January 1989 revision of Report of Fetal Death (Stillbirth).

APPENDIX S



INSTITUTIONAL REPORT OF BIRTHS

TO: OFFICE OF VITAL RECORDS
TENNESSEE DEPARTMENT OF HEALTH

I HEREBY CERTIFY THE FOLLOWING TO BE A COMPLETE LIST OF THE BIRTHS WHICH HAVE OCCURRED IN

HOSPITAL OR INSTITUTION

SIGNATURE AND TITLE OF PERSON COMPLETING REPORT _____

IF NO BIRTHS HAVE OCCURRED IN THE HOSPITAL OR INSTITUTION DURING THE MONTH, REPORT "NONE".

PH-1652 (Rev. 10/92)

BDA NA

APPENDIX S

Institutional Report of Births

Facility's Responsibility

The facility, certified nurse midwife, certified professional midwife, or other midwife are required by the Rules of the Tennessee Department of Health (Section 1200-7-1-14(3) to complete and submit the Institutional Report of Births to the Tennessee OVR on the third working day of the month after the event occurred.

For the facilities using the WinEBC software, the monthly report of births may be printed from that system.

In lieu of the Institutional Report of Births (form PH-1652), the responsible person may submit the report of births on a computer printout as long as the format is the same as PH-1652. The report should be signed by the responsible person.

The Institutional Report of Births form is to be used for the reporting of live births only.

- **Special Note regarding reporting of all deliveries that did not result in a live birth:** It is requested that all deliveries that did not result in a live birth be listed on the Institutional Report of Births. The responsible person may list the events by handwriting the information concerning the other deliveries at the bottom of the report or on a separate sheet of paper. This request is made as an added check to ensure that all deliveries that did not result in a live birth are reported to the Tennessee OVR. The information should list the mother's name, weight of fetus, and completed weeks of gestation.

The Institutional Report of Births should include all births for a single month only. If an omission in entering births from previous month(s) is observed, the event(s) should be listed on a separate monthly report. Furthermore, when a WinEBC batch (or more than one batch) of original birth certificates is sent to the Tennessee OVR each week, it is not required to send a partial institutional report for these certificates; in fact, it is discouraged.



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
421 5TH AVENUE NORTH, 1ST FLOOR
CENTRAL SERVICES BUILDING
NASHVILLE, TENNESSEE 37243**

INSTITUTIONAL REPORT OF DEATHS, FETAL DEATH, AND D.O.A.'S

I HEREBY CERTIFY THE FOLLOWING TO BE A COMPLETE LIST OF THE DEATH, FETAL DEATH, AND D.O.A.'S WHICH HAVE OCCURRED IN

DURING THE MONTH OF _____ 20____

HOSPITAL OR INSTITUTION

SIGNATURE AND TITLE OF PERSON COMPLETING REPORT

IF NO DEATH, FETAL DEATHS, OR P.D.A.'S HAVE OCCURRED IN THE HOSPITAL OR INSTITUTION DURING THE MONTH, REPORT "NONE".

APPENDIX T

Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s

Facility's Responsibility

The facility is required by the Rules of the Tennessee Department of Health (Section 1200-7-1-14 (3)) to complete and submit the Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s to the county health department where the facility is located. This monthly report should be filed on the third working day of the month after the event occurred.

It is the responsibility of the facility to report fetal deaths on the Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s form.

Each fetal death of 500 grams or more, or in the absence of weight, of 22 completed weeks gestation or more, must be listed on this form.

- **Notation of weight of fetus at delivery, along with other identifying information such as the mother's name, should be made on the report. If the fetus was not weighed, list the completed weeks of gestation.**

Question: When should the death in utero (i.e., missed abortion, miscarriage, spontaneous abortion, etc.) be listed on the monthly Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s?

Answer: If the event was a missed abortion, or miscarriage, or spontaneous abortion, and the fetus was not weighed, and the fetal remains were sent to the pathology as a specimen only, it is not required that the event be listed on the monthly report. However, it is acceptable to list these events.

- If a funeral home takes the fetal remains, regardless of weight or weeks, the event must be listed on the Monthly Report of Deaths, Fetal Deaths, and D.O.A.'s. The mother's name and weight of fetus or completed weeks of gestation should be listed.

In lieu of the form PH-1661, the facility may submit the information on a computer printout as long as the format is the same as PH-1661. The report should be signed by the responsible person.

Local Registrar's Responsibility

The local registrar is responsible for collecting the Institutional Report of Deaths, Fetal Deaths, and D.O.A.'s and sending the monthly reports to the Tennessee OVR. The monthly report is due on the fifteenth of the month in the Tennessee OVR.

APPENDIX U

Fees and Services for Tennessee Birth Certificate

Computer-generated certified copy of birth certificate (Short Form) (available for year of birth 1949 to current)	\$7.00
Certified copy of birth certificate that is not computer generated (Long Form)	\$12.00
Additional copy of the same birth certificate ordered at the same time	\$4.00
Expedited service fee with credit card service	\$10.00

Written requests for certificates should be sent to:

Tennessee Office of Vital Records
Central Services Building - 1st Floor
421 5th Avenue, North
Nashville, TN 37243

Walk-in service is available at the Tennessee OVR during the hours of 8:00 a.m. to 4:00 p.m., Central Time, Monday through Friday.

Expedited service guarantees that the requested certified copy will be issued and mailed within one working day of receipt of the request. Persons who wish to request expedited service must charge the fee to their Visa, Mastercard, Discover, or American Express card. They may do so by calling (615) 741-0778. Expedited requests using a credit card may also be submitted using the Internet at: <http://health.state.tn.us/vr/index.htm> or they may be faxed to (615) 726-2559 (See Appendix U continued on next page).

The \$10.00 expedited service includes an additional fee for using Visa, Mastercard, Discover, or American Express plus the expedited service fee of \$5.00 and the cost of the certified copy.

Requests for certified copies of birth certificates must be accompanied by a photocopy of the requesting person's government issued identification card.

APPENDIX U

An applicant can FAX an expedited service request to the Tennessee OVR using (615) 726-2559. The following information is required:

- 1) Name and relationship of person requesting certificate
- 2) Purpose of copy
- 3) Full name(s) on certificate
- 4) Date of birth
- 5) Place of birth
- 6) Father's full name
- 7) Mother's full maiden name
- 8) Phone number where requestor can be reached
- 9) Address where to be mailed
- 10) Visa, Mastercard, Discover, or American Express card number with expiration date
- 11) Type of certificate (long form or short form) and number of copies
- 12) Regular mail or Federal Express
- 13) In addition, the applicant must present with a government issued identification card. If the request is made via mail, telephone or Internet, the requester must include a photocopy of his/her government issued ID card.

Short form certificates may also be obtained from certain county health departments. The issuance schedule and the telephone number for each is as follows:

<u>Health Department</u>	<u>Issuance Schedule</u>	<u>Phone Number</u>
Tennessee OVR, Nashville	Daily	615-741-1763
Anderson County	Daily	865-425-8800
Bledsoe County	Daily	423-447-2149
Blount County	Daily	865-983-4582
Bradley County	Daily	423-728-7020
Campbell County	Daily	423-562-8351
Cannon County	Daily	615-563-4243
Carter County	Daily	423-453-2521
Claiborne County	Daily	423-626-4291
Clay County	Daily	931-243-2651
Cocke County	Daily	423-623-8733
Cumberland County	Daily	931-484-6196
Davidson County*	Daily	615-340-5611
Dekalb County	Daily	615-597-7599
Dickson County	Daily	615-446-2839
Fentress County	Daily	931-879-9936
Franklin County	Daily	931-967-3826
Giles County	Daily	931-363-5506
Grainger County	Daily	865-828-5247

APPENDIX U

<u>Health Department</u>	<u>Issuance Schedule</u>	<u>Phone Number</u>
Greene County	Daily	423-798-1749
Hamblen County	Daily	423-586-6431
Hamilton County*	Daily	423-209-8025
Hancock County	Daily	423-733-2228
Hardeman County	Daily	731-658-5291
Hawkins County - Rogersville	Daily	423-272-7641
Hawkins County - Church Hill	Daily	423-357-5341
Henry County	Daily	731-642-4025
Hickman County**	Daily	931-729-3516
Humphreys County	Daily	931-296-2231
Jackson County	Daily	931-268-0218
Jefferson County	Daily	865-397-3930
Johnson County	Daily	423-727-9731
Knox County*	Daily	865-215-5100
Lawrence County**	Daily	931-762-9406
Lincoln County**	Daily	931-433-3231
Loudon County	Daily	865-458-2662
McMinn County	Daily	423-745-7431
Macon County	Daily	615-666-2142
Madison County	Daily	731-423-3020
Marion County	Daily	423-942-2239
Maury County**	Daily	931-388-5757
<u>Mid-Cumberland Region</u>		
Nashville Office***	Daily	615-650-7002
Monroe County	Daily	423-442-3993
Montgomery County	Daily	931-648-5747
Morgan County	Daily	423-346-6272
Overton County	Daily	931-823-5611
Pickett County	Daily	931-864-3178
Polk County-Copperhill	Daily	423-496-3275
Putnam County	Daily	931-528-2531
Rhea County	Daily	423-775-8910
Roane County	Daily	865-354-1220
Rutherford County	Daily	615-898-7785
Scott County	Daily	423-663-2445
Sevier County	Daily	865-453-1032
Shelby County*- Main	Daily	901-544-7608
Shelby County - Kirby	Daily	901-362-1015
Smith County	Daily	615-735-0242
<u>Southeast Region</u>		
Chattanooga Office****	Daily	423-634-3124
Sullivan County - Blountville	Daily	423-279-2780

APPENDIX U

<u>Health Department</u>	<u>Issuance Schedule</u>	<u>Phone Number</u>
Sullivan County - Kingsport	Daily	423-224-1600
Sumner County	Daily	615-206-1103
Unicoi County	Daily	423-743-9103
Union County	Daily	865-992-3867
Van Buren County	Daily	931-946-2643
Warren County	Daily	931-473-8468
Washington County	Daily	423-975-2200
West Tennessee Region		
Union City Office*****	Daily	731-884-2645
White County	Daily	931-836-2201
Williamson County	Daily	615-794-1542

- * In addition, the certified photocopy of original birth certificate is available for persons born in that county at the following metropolitan health departments:
 - Davidson – January 1966 to present
 - Hamilton – Current year and previous four years
 - Knox – August 1975 to present
 - Shelby – All years
- ** The South Central Health Department Region: Applications and fees for short form birth certificates are accepted at the following county health departments: Bedford, Coffee-Manchester, Giles, Lewis, Marshall, Moore, Perry, and Wayne. The certified copies will be printed and mailed from either the Coffee-Tullahoma Health Department, Hickman County Health Department, Lawrence County Health Department, Lincoln County Health Department or the Maury County Health Department.
- *** The Mid-Cumberland Health Department Regional Office does not accept walk-in requests. Applications and fees for short form birth certificates are accepted at the following county health departments: Cheatham, Houston, Robertson, Stewart, Trousdale, and Wilson. The certified copies will be printed and mailed from the Mid-Cumberland Regional Office in Nashville. The Dickson, Humphreys, Montgomery, Sumner, Rutherford, and Williamson County Health Departments issue short form birth certificates daily.
- **** The Southeast Health Department Regional Office does not accept walk-in requests. Applications and fees for short form birth certificates are accepted at the following county health departments: Grundy, Meigs and Sequatchie. The certified copies will be printed and mailed from the Southeast Regional Office in Chattanooga.
- ***** The West Tennessee Health Department Regional Office does not accept walk-in requests. Applications and fees for short form birth certificates are accepted at the following county health departments: Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardin, Haywood, Henderson, Lake, Lauderdale, McNairy, Obion, Tipton and Weakley. The certified copies will be printed and mailed from the West Tennessee Regional Office in Union City.

APPENDIX V



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF BIRTH
(La versión en español al reverso de la página)

Date: _____

Indicate number of each type
of certificate desired and
enclose appropriate fee:

Full name on birth certificate: _____

First _____ Middle _____ Last Name _____

Has the name ever been changed other than by marriage? Yes No

For years 1949-Current:

Short form- \$7.00 first
copy. Additional copies
of same record
purchased at same time-\$4.00 each.

If yes, what was original name? _____

Date of birth: _____

Sex: Male or Female _____

Month _____ Day _____ Year _____

Place of birth: _____

City _____ County _____ State _____

Hospital where birth occurred: _____

Full name of father: _____

Full maiden name of mother: _____

Last name of mother at time of birth: _____

Next older brother or sister: _____ Younger: _____

Signature of person making request: _____

Relationship: _____

Purpose of copy: _____

Telephone number where you may be reached for additional information: () _____

For births before 1949:
No short form available

Long form- \$12.00 first
copy. Additional Copies
of same record
purchased at the same
time-\$4.00 each.

The above fees are charged
for the search of records and
will not be refunded even if no
record is on file in this office.
A 3-year search is provided
for the initial fee.

IT IS UNLAWFUL TO WILLFULLY AND KNOWINGLY MAKE ANY FALSE STATEMENT ON THIS APPLICATION.

All items must be completed and appropriate fees attached to process this request. Do not send cash. Send check or money order payable to: Tennessee Vital Records. In addition, unless this application is notarized, you must send a photocopy of a government issued ID showing your signature. If you have not received a response within 45 days, please write or call Tennessee Vital Records at (615) 741-1763.

PH-1654 (Rev. 8/05)

RDA N/A

FILL OUT BELOW/ DO NOT DETACH

PRINT name and address of person to whom the certified copy is to be mailed.

SEND TO:

Name _____

Tennessee Vital Records
421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37247

Address or Route _____

City and State _____

Zip Code _____



DEPARTAMENTO DE SALUD DE TENNESSEE
OFICINA DE REGISTROS VITALES

SOLICITUD PARA COPIA CERTIFICADA DEL ACTA DE NACIMIENTO
(English Version on the Reverse Side)

Fecha: _____

Indique el número de cada tipo de certificado deseado e incluya la cuota apropiada:

Nombre completo en el certificado de nacimiento:

De 1949 hasta el corriente:

Primer nombre Segundo nombre Apellido(s)

¿Ha sido el nombre cambiado por otro que no sea el de matrimonio?

Sí No

¿Si es cierto, cual fue el nombre original? _____

Fecha de nacimiento:

Sexo: Masculino o Femenino

Mes Día Año

Lugar de nacimiento:

Ciudad

Condado

Estado

Hospital donde nació: _____

Nombre completo del padre: _____

Forma corta - \$7.00 para la primera copia. Copias adicionales del mismo registro compradas al mismo tiempo - \$4.00 cada una.

Nombre completo de soltera de la madre: _____

Forma larga - \$12.00 para la primera copia. Copias adicionales del mismo registro compradas al mismo tiempo - \$4.00 cada una.

Apellidos de la madre a la hora del nacimiento: _____

Para nacimientos antes de 1949:

Nombre del hermano o hermana mayor: _____

Menor: _____

No hay forma corta disponible.

Firma de la persona que solicita la información: _____

\$12.00 para la primera copia. Copias adicionales del mismo registro compradas al mismo tiempo - \$4.00 cada una.

Relación: _____

Eos pagos son por la búsqueda de registros y no serán reintegrados aunque ningún registro esté archivado en esta oficina. Se hace una búsqueda de tres años por el pago inicial.

Propósito de esta copia: _____

Número telefónico donde podemos comunicarnos: () _____

ES ILEGAL HACER ALGUNA DECLARACIÓN FALSA CON CONOCIMIENTO DE CAUSA Y VOLUNTARIAMENTE EN ESTA SOLICITUD.

Toda la información se debe completar y los pagos correspondientes se deben incluir para poder procesar esta petición. No envíe efectivo. Envíe un cheque o Money Order pagadero al: Tennessee Vital Records. Además, a menos que esta solicitud sea certificada por un notario, usted debe enviar una fotocopia de alguna identificación oficial emitida por el gobierno que enseña su firma. Si no ha recibido una respuesta dentro de 45 días, por favor escriba o llame al Tennessee Vital Records al (615) 741-1763.

PH-1654 (Rev. 8/05)

RDA N/A

LLENE ABAJO / NO LO SEPARA

ESCRIBA EN LETRA DE MOLDE el nombre y la dirección de la persona que recibirá la copia certificada

ENVÍE A:

Nombre _____

Tennessee Vital Records

Dirección o ruta _____

421 5th Avenue North
1st floor, Central Services Building
Nashville, TN 37247

Ciudad y estado _____

Código postal _____

APPENDIX W

Vital Events Filed with the Tennessee Office of Vital Records

Birth Certificates

- Statewide filing of birth certificates began in 1914. Original certificates are maintained in the Tennessee OVR for 100 years. Thereafter, the original documents become public records, and at which time are transferred to the Tennessee State Library and Archives.
- Original certificates for births that occurred January 1, 1914 to current date are filed in the Tennessee OVR.
- Original certificates for births that occurred within the city limits of Chattanooga, Knoxville, and Nashville for 1881 to January 1, 1914 are on file.
- Enumeration birth records by school districts July 1, 1908 through June 30, 1912 (age of parents not shown) are on file. These records are also available at the Tennessee State Library and Archives.
- Delayed birth certificates beginning in 1900 for births that were not filed by the birth attendants at the time the birth occurred are on file. Since 1937, delayed birth certificates have been filed by the birth attendants.

Death Certificates

- Statewide filing of death certificates began in 1914. Original certificates are maintained in the Tennessee OVR for 50 years. Thereafter, the original documents become public records, and at which time are transferred to the Tennessee State Library and Archives.

Marriage Certificates and Divorce Certificates

- Statewide registration and filing of marriage certificates and divorce certificates began July 1, 1945. Original marriage and divorce certificates are maintained in the Tennessee OVR for 50 years. Thereafter, the original documents become public records, and at which time they are transferred to the Tennessee State Library and Archives.

Special Note Regarding Issuing Certified Copies

- Only certified copies of birth records under 100 years old, or death, marriage or divorce certificates under 50 years old will be issued by the Tennessee OVR.

APPENDIX X - DISPOSAL OF HUMAN AND FETAL REMAINS

The State Registrar sent to the CEOs of facilities a July 26, 2005 guidance document, and a subsequent September 9, 2005 amendment concerning disposal of human and fetal remains. This issue was addressed in two parts. The guidance document was revised August 27, 2007, and is provided below as a convenience for the facilities to use in their policies and procedures, as required.

PART I. Fetal Deaths

1. Tennessee Code Annotated (T.C.A.) § 68-3-504 directs facilities to complete a Report of Fetal Death (Stillbirth) form for fetal deaths that weigh >500 grams, or if weight cannot be ascertained, fetuses of >22 weeks gestation. The Report of Fetal Death (Stillbirth) is to be forwarded directly to the Tennessee Office of Vital Records (Tennessee OVR) within 10 days of the fetal death.
2. T.C.A. § 68-3-510 directs that facilities use a form to record the disposition of all fetal remains irrespective of length of gestation (e.g., a few weeks to full term), and irrespective of the manner of disposition. The form is to be provided or approved by the State Registrar. If the mother signs the form, and if the issues reflected below are contained within the form, the facility personnel may consider it approved. The issues are:
 - a. Release to a licensed funeral director: This is in accordance with policy similar to other deaths – see Part II below.
 - b. Disposal by the facility: The law does not speak to how disposition must occur. The Tennessee OVR recommends that the facility review local ordinances; consider community issues and that the facility personnel consult with the facility legal advisor, and perhaps the facility ethics committee.
 - c. Release of remains to someone other than a licensed funeral director: T.C.A. § 68-3-510 uses the term “funeral director, embalmer, or other person.” The Tennessee OVR interprets the “other person” verbiage to mean that pick-up of fetal remains can be made by the mother or legal father. See pages 140-142 in this handbook for definition of a legal father (copy of laws). If the mother or father removes the fetus from the facility, the staff must ensure that:
 - The parent(s) have been advised of any known local ordinances that pertain to where a burial may occur. They should also be advised that it is their responsibility to find out what the local ordinances are.
 - The mother has signed the above discussed form. The form must state that she understands that the body must be disposed of within 48 hours, and it must specify the intended place and method of disposition.

- In addition, the Tennessee OVR recommends that the facility's Deputy Registrar for Burial Transit Permits issue a permit to the parent(s). The permit should assist the parent(s) if there is an incident while they are transporting human remains.

PART II. Deaths of persons who once lived and then died, to include neonates

1. Funeral director pick-up: The facility must ensure the funeral director receives release forms, and the name of the physician who was in charge of the patient's care. If the funeral director states that the body will be transported out of Tennessee, the facility's Deputy Registrar for Burial Transit Permits should issue a permit. This procedure also applies to medical institutions that pick-up bodies that have been donated to medical science.
2. Release of remains to someone other than a licensed funeral director: T.C.A. § 68-3-502 (b) states "the funeral director, or person acting as such, who first assumes custody of the dead body shall file the death certificate." If the body is not managed by a funeral director, the facility is responsible for filing the death certificate. The facility personnel should obtain the demographic information that is necessary for completing the death certificate from the family. The facility should then transcribe the information onto the death certificate form, obtain the medical certification from the appropriate physician, and forward the certificate to the county health department Local Registrar in the county where death occurred.
3. If a Next of Kin (NOK) intends to remove the body from the facility, the staff must ensure that:
 - The name, address, and telephone number for the person receiving the body is included on the facility's Institutional Report of Deaths report that is submitted monthly to the Tennessee OVR.
 - The NOK has been advised of any known local ordinances that pertain to where a burial may occur. The person should also be advised that it is his/her responsibility to find out what the local ordinances are. It is strongly recommended that the facility review local ordinances, consider community issues, and consult the facility legal advisor.
 - The Tennessee OVR strongly recommends that the facility require the NOK to sign an affidavit stating that the body must be disposed of within 48 hours, stating the intended place of burial and that no laws or property rights of others are being violated.
 - The facility assumes responsibility for completing the death certificate.
 - In addition, the Tennessee OVR recommends that the facility's Deputy Registrar for Burial Transit Permits issue a permit to the NOK. The permit should assist the NOK if there is an incident while transporting human remains.

APPENDIX Y – CERTIFIER DESIGNATION (HOSPITAL DESIGNEE)

The following is a suggested format by which the facility personnel may notify the Tennessee OVR to add hospital designee(s). It is acceptable to use the Tennessee OVR's letter (below) to transmit the information by mail or by fax to 615-741-9860.



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Office of Vital Records
CENTRAL SERVICES BUILDING, 1ST FLOOR
4215TH AVENUE NORTH
NASHVILLE, TN 37243

I have designated the following staff person(s) to certify the Tennessee original birth certificates that are prepared by this facility:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

For the purpose of providing future additions or deletions to this list, I have designated _____ to serve as the primary contact person for this facility to the Tennessee Office of Vital Records.

Name of Facility: _____

Signed: _____ Date: _____

Title: _____

Return or fax this completed form to:

Shirley Clark
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Tennessee OVR/B & FD Handbook (rev. 9/07)



Department of Health. Authorization No. 343391, No. of Copies 500
This public document was promulgated at a cost of \$9.16 per copy.
11/07